

2014 Inter-sessional Meeting of the Convention on Cluster Munitions

Statement of the International Committee of the Red Cross On

victim assistance

9 April 2014

In March of this year, the International Committee of the Red Cross (ICRC) and the African Union Commission (AUC) held a workshop in Addis Ababa, Ethiopia. This workshop brought together African States with significant numbers of victims of weapons-related injuries to discuss victim assistance and the challenges that these States are faced with it fulfilling VA requirements. The meeting was intended to help advance victim assistance in Africa as well as further the implementation of the victim assistance requirements of the CCM, the APMBBC and the plan of action on victim assistance under Protocol V of the CCW.

The workshop brought together 17 African States. These included signatories or SPs to the CCM, SPs to APMBBC and CCW , including: Angola, Burundi, Chad, DR Congo, Eritrea, Ethiopia, Libya, Mali, Mozambique, Niger, Senegal, Somalia, South Sudan, Sudan, Uganda, and Zimbabwe. The Sahrawi Arab Democratic Republic also participated. Mexico was invited as Co-Coordinator for Victim Assistance for the CCM as was Austria as Co-Chair of the APMBT Standing Committee on Victim Assistance. A variety of international organizations and civil society organizations with expertise in victim assistance also participated.

The discussions highlighted some of the specific challenges facing States in Africa in the area of victim assistance. These included

1. The fact that large numbers of victims often live in rural areas where access to health facilities is limited or nonexistent. The result is that many die before reaching hospital.
2. That there is often a lack of adequate transportation facilities to the health facilities.
3. There is an inability of assistance agencies to reach victims due to insecurity caused by ongoing armed conflicts or tensions.
4. The public resources for health care in many war affected countries is very scarce and where they did exist they are often devoted almost exclusively to primary health care. The result is that there is often little left over for the specialized care needed by survivors and other persons with disabilities.
5. Data collection is an often overlooked element of victim assistance. As we know, data collection plays a central role so as to allow affected States to determine the extent of the challenge they face in assisting victims , in particular to determine the number of survivors that need to be cared for and their particular needs. It is also necessary to help manage assistance effectively and to measure progress. However, victim surveillance is often difficult because most countries affected by armed conflicts have limited resources to devote to this activity.
6. In addition, although economic reintegration is a key priority for most survivors, there are generally too few opportunities for them to receive, psycho-social counseling, vocational training or to gain employment.

As a result of the discussion on these issues the workshop adopted a set of initial conclusions which contain some general observations and identifies some areas for future work. The conclusions from the meeting included the following:

First, in the area of assessing needs: the meeting stressed the need for the development of information systems that identify and analyse the needs, priorities and capacities of victims and survivors as well as the availability and quality of the services and programs of assistance providers.

Next, in the area of **national action plans and strategies**, the meeting affirmed that States must develop national action plans to help ensure that the needs and rights of victims, survivors and persons with disabilities are being met in a coordinated and coherent manner. The plan should include objectives that are specific, measurable, achievable, realistic and time bound.

Next, concerning **access to services**, the participants stressed that victims, survivors and persons with disabilities must have access to the necessary medical and rehabilitative services and programs so as to help them obtain maximum independence and full participation in all aspects of life. In-order for this to be achieved, Member States should ensure that all programs/ services being offered are reviewed for ease of access for persons with disability.

And finally, under **enhancing intra-Africa Cooperation and assistance**, the meeting outlined that States and relevant regional and international organizations should seek ways to advance synergy, coordination and the implementation of victim assistance obligations, services and programs. This should be a comprehensive approach involving entities at the national, regional and continental levels.

More specific recommendations in each of these areas will be included in the report of the meeting which is currently being prepared.

The workshop builds upon an international meeting on victim assistance organized by the ICRC and Norwegian Red Cross in 2009. This meeting also brought together experts and practitioners involved in victim assistance in affected countries affected by these weapons, as well as individuals responsible for promoting and supporting the implementation of victim assistance obligations under the Conventions. These meetings confirm our belief that much of the work on victim assistance should move away from general thematic discussions and become more focused on the needs and challenges in specific contexts. This requires the work on victim assistance to become country specific as well as necessitate greater involvement of the professionals who provide medical, physical rehabilitation and socio-economic support to victims in affected countries.

As I mentioned, a report of the meeting is currently being prepared and we will share it with States and organizations once it is finalized.

Thank you

- Despite the progress and efforts victim assistance, many affected States continue to face challenges in meeting their relevant obligations on victim assistance. For example, many States either do not have, or face challenges in developing and implementing a national plan for victim assistance. Some still consider victim assistance as only medical assistance or physical rehabilitation, and do not address needs for social and economic reintegration or psychological support. Many countries do not also have adequate systems in place to either collect data to ensure an understanding of the extent of the challenges faced or to monitor the implementation of victim assistance programs. Appropriate laws and public policies are often either lacking or not adequately implemented. Efforts are also still required to integrate victim assistance into a broader strategy on disability.