

CMC Statement on Victim Assistance

CCM Intersessional Meeting, Geneva, 16-17 May 2022



Thank you Chair.

Again, 2020 saw too many lives, at least 360, taken from cluster munitions remnants and during attacks. But on a positive note, the Lausanne Action Plan and the International Mine Action Standard 13.10 on VA in Mine Action, both adopted last year, provide further guidance on the provision of victim assistance. However, there are still challenges in assisting victims suffering from the inhumane impact of these weapons, both immediately and in the long term, both directly and indirectly.

Today, 12 States Parties acknowledge responsibility for cluster munitions victims. Addressing VA challenges in States Parties remain a top priority.

Indeed, half of the affected States still need to conduct surveys to establish if they have cluster munitions victims and/or collect data on victims and their needs in order to use resources more effectively and to better address their needs and challenges. In accordance with the IMAS 13.10 on VA in Mine Action and actions 33 and 36 of the LAP, they should also implement national strategies or planning to assist survivors, families of those killed and injured and affected communities.

In many of these countries, there is still a clear need to expand and strengthen the availability, capacity and quality of – as well as access to – first aid and long term medical care, rehabilitation services, as well as centers that provide psychological and psychosocial support to address the trauma and ongoing mental health impacts on victims.

In accordance with action 34 of the LAP and the IMAS 13.10, integrating VA into public health systems is of utmost importance. It is essential to ensure the sustainability of these services. In this respect, States and the mine action sector have to work together to establish a national referral mechanism and a comprehensive directory of services in order to facilitate access to services for victims in a non-discriminatory, gender-sensitive, disability and age-sensitive manner.

But longer term needs must also be addressed: victims must regain their ability to work, go to school, participate in the lives of their communities. However, in more than half of the affected countries, progress is still needed to improve measures to facilitate the social, educational and economic inclusion of victims, in accordance with Action 35 of the LAP.

We would like to highlight here that these VA challenges cannot be met without the inclusion and participation of survivors organisations. Consulting victims is key to voice direct concerns and to shape policies to ensure services and policies are adapted to their needs and rights. As stressed by action 36 of the LAP and IMAS 13.10, survivors' organisations should participate meaningfully in all decision-making processes that affect them.

Finally, the Cluster Munition Coalition would like to highlight the lack of funding for VA which is one of the challenges from which the above-mentioned points of attention stem in part. The direct international support for VA activities in 2020 has declined by 23% compared to the 2019 level.

We call on the mine action sector, affected states and donors to make real progress for victims a priority and to recognize the significant challenges faced by some countries to assist victims, such as in Afghanistan. This obligation will be achieved, and challenges will be met only by working together. That is why States, including Chad, Guinea Bissau, Sierra Leone, Somalia, should make the most of the VA reporting under Article 7, to communicate their needs as well as to report on progress in implementing the LAP commitments and the Convention's obligations.

Thank you Chair.