

VICTIM ASSISTANCE COORDINATION IN COUNTRIES WITH CLUSTER MUNITIONS CASUALTIES

Prepared by Handicap International

Since 1999, Landmine Monitor has reported on the casualties of mines and explosive remnants of war (ERW) including cluster submunitions, and monitored the assistance provided to address the needs of the survivors. It monitors the States Parties' commitment to Mine Ban Treaty Article 6.3 on International Cooperation and Assistance and the implementation of victim assistance.

Cluster submunition casualties and data collection

Landmine Monitor Report 2007 identified cluster submunition casualties in at least 11 countries and one area in 2006.¹ Due to the Lebanon conflict, cluster submunition casualties constituted an increasing percentage of the total mine/ERW casualties. Landmine Monitor research shows that failed cluster submunitions continue to pose a long-term humanitarian threat and that the vast majority of cluster submunition casualties are civilians. However, this information needs to be considered incomplete as they only reflect recorded casualties and many more are likely to go unreported. In addition, several countries do not differentiate cluster submunition casualties from other ERW casualties or do not have comprehensive, nationwide casualty data collection mechanisms.

- Afghanistan, Cambodia, Iraq, Lao PDR, Lebanon and Vietnam continued to experience ongoing casualties during the Landmine Monitor reporting period² as was the case in previous years;
- Angola, Bosnia and Herzegovina, Chechnya, the Russian Federation and Sudan reported cluster submunition casualties in 2006, but not in 2005;
- DR Congo reported cluster submunition casualties in 2006 and 2005, but casualties were previously not reported or undifferentiated from other ERW casualties;
- Western Sahara reported casualties in 2007, but not in 2006.

Despite improvements in casualty data collection and increased differentiation of cluster submunition casualties, there continued to be insufficient data to identify these casualties in a number of affected countries:

- in Chad, casualty information does not distinguish between different types of ERW;
- in Eritrea and Ethiopia it was not known if cluster submunitions caused any casualties among the recorded ERW incidents in 2006;
- in Tajikistan it is likely that most ERW casualties reported in 2006 were caused by cluster submunitions though they were not identified as such. A recent study found that all ERW casualties in the Rasht valley of Tajikistan were caused by cluster submunitions;
- in Uganda, although details of the devices causing ERW incidents were not available in 2006, previous reporting identified cluster submunitions as having caused three percent of 1,387 mine/ERW casualties between 1986 and 2006.³

Data collection

Data collection is needed to understand the humanitarian problem caused by cluster submunitions and better plan victim assistance for survivors of all types of mine/ERW incidents. However, obtaining comprehensive data on mine/ERW/IED casualties for mine action planning purposes remains challenging. None of the countries and area reporting cluster submunition casualties in 2006-2007 can be considered to be complete in its recording of cluster submunition casualties. One country (the Russian Federation) does not have a formal casualty data collection mechanism.

¹ Direct casualties from cluster munitions strikes have not been included, for example in Israel.

² The reporting period for the *Landmine Monitor Report 2007* was from May 2006 to May 2007.

³ At the Vienna international meeting on cluster munitions, in December 2007, Uganda states that there were approximately 300 cluster submunition casualties.

As a result, Landmine Monitor obtained casualty information from media analysis and other sources.

In the states experiencing ongoing casualties due to cluster submunitions and with significant numbers of survivors, data collection remained inadequate:

- Afghanistan: the collection of comprehensive mine/ERW casualty data remained problematic despite centralization of the database;⁴
- Cambodia: although national casualty data collection is considered to be comprehensive, it only began to differentiate casualties from different types of ERW in September 2006. As a result, many cluster submunition casualties have not been recorded as such;
- Iraq: there is no unified data collection mechanism for new mine/ERW/IED casualties and ongoing conflict and censorship prevented data collection. Reliable casualty data for 2006 was not available;
- Laos and Vietnam: there is no comprehensive nationwide casualty data collection mechanism and underreporting is certain. Information available is very limited, inaccurate and incomplete
- Lebanon: the 2006 conflict caused an upsurge in casualties, which data collection was inadequate to capture; though it was considered to be nearly complete prior to the conflict.

Victim assistance and coordination

Years of monitoring experience shows that there are limitations to the victim assistance provisions under the MBT, as the primary responsibility for victim assistance effectively lies with the affected states but with sustained support from the international community. However, the lack of coordination and planning within affected states to adequately address the needs of victims resulted in there being no clear measure of actual progress.

At the First Review Conference in 2004, states went some way towards addressing these challenges by reaffirming the obligation of all States to remain committed to the issue of victim assistance. But it was recognized that the affected states were primarily responsible for enhancing assistance to their citizens who suffered the tragedy of mine incidents. They committed to a clear action plan to encourage sufficient efforts and allocation of resources to facilitate the full rehabilitation, reintegration and participation of mine/ERW survivors and other people with disabilities. States Parties reporting responsibility for significant numbers of survivors committed to undertake the following activities: compile information on the status of victim assistance; identify specific, measurable, achievable, relevant, time-bound (SMART) objectives; produce plans to achieve these objectives by 2009; and, report regularly on progress.

Results are variable in countries with cluster submunition casualties:

- **Afghanistan** and **Cambodia**, operate well-established mine action programs with significant victim assistance expertise. Both have received support through the MBT as they were identified as having significant numbers of survivors and needs for assistance but also the greatest responsibility to act.⁵ Although services increased they remained inadequate;
- **Albania**, a country with cluster submunition survivors but no new casualties in 2006, coordinates victim assistance activities through a focal point in the Albanian Mine Action Executive (AMAE) in cooperation with relevant ministries and key stakeholders according to a strategic plan. Victim assistance activities are integrated into national development and reconstruction plans and budgets, and are in conjunction with the National Strategy on People with Disabilities. Survivors are directly involved in victim assistance.

⁴ UNMACA was only able to provide information on 205 cluster submunition casualties between 1993 and 2006, whereas ICRC identified 556 cluster submunition casualties during the same period. ICRC data, however, displayed inaccuracies in terminology and incident location input.

⁵ At the first Review Conference of the Mine Ban Treaty in 2004, 24 States Parties were identified as having significant numbers of survivors and needs for assistance but also the greatest responsibility to act: *Albania, Afghanistan, Angola, Bosnia and Herzegovina, Burundi, Cambodia, Chad, Colombia, Croatia, DR Congo, El Salvador, Eritrea, Ethiopia, Guinea-Bissau, Nicaragua, Mozambique, Peru, Senegal, Serbia, Sudan, Tajikistan, Thailand, Uganda and Yemen*. Italics mark countries which have cluster submunition casualties.

VICTIM ASSISTANCE COORDINATION

- Cambodia does not have a budget to implement the strategic victim assistance plan 2004-2009; the authority responsible for the coordination and monitoring of victim assistance does not have activities or indicators specific to victim assistance;
- Iraq's national mine action strategy to 2009 containing victim assistance objectives is not in use and is considered to be "completely outdated" due to the security situation;
- Laos is the only country to have set mine action standards for victim assistance, which are included in the National Strategic Plan of the National Regulatory Authority for the UXO/Mine Action Sector. In 2006, a victim assistance unit and technical working group were established to coordinate all victim assistance activities, but services remained inadequate;
- Lebanon's 2007 National Mine Action Policy stated that the "Government of Lebanon, conscious of the damage and suffering caused by landmine[s] and explosive remnants of war, shall take full responsibility for the humanitarian, socio-economic and environmental impact caused by these devices...." There is a national steering committee for victim assistance but it is divided along factional lines, coordination is lacking and in 2006-2007 there was no workplan with measurable objectives.
- Vietnam has not developed a national coordination body or strategic plan for victim assistance, but the government-supported community-based rehabilitation program continued to expand.

There is a greatly improved understanding for the need for coordination and reporting. However, no formal obligation was included in the MBT text and implementation does not meet current expectations. This should be taken into account by the future cluster munition treaty - the cornerstone of which is said to be victim assistance.

Lessons for Victim Assistance from Mine Ban Treaty Monitoring

1. Prioritization of data collection is needed to understand the humanitarian problem caused by mines, cluster munitions and other ERW and better plan victim assistance.
2. Involvement of survivors, their families and communities in policy-making is needed. Currently they are under-represented; assistance is still provided mainly as charity rather than on a rights basis; disability legislation remains largely unimplemented.
3. Specific, Measurable, Achievable, Relevant and Time-bound victim assistance strategies are needed.
4. National ownership and sustainability must be ensured.
5. Improved service provision is needed: link components of victim assistance; make services accessible, strengthen referral systems.
6. Equal services for all survivors. Military survivors continue to receive better victim assistance than civilians. This was the most often reported discrimination among victims, rather than discrimination among victims of various types of weapons.
7. Greater human resources and infrastructure capacity are needed to provide more complex and comprehensive services to victims.
8. Better reporting on victim assistance.⁶ There has been too little transparency, non-standardized reporting and incomplete information on resource allocation.
9. A twin-track approach to victim assistance is needed. Victim assistance is seldom linked with poverty alleviation and national development programs, and vice versa.
10. Behavioral change, institutionally and individually, is needed, to ensure that survivors and other people with disabilities are seen as productive contributors to society. Survivors are still too often seen as a burden. Survivors are often not involved in the decision-making processes that affect them.

⁶ Reporting of victim assistance efforts is voluntary under Mine Ban Treaty transparency measures; it has no specific format to provide accuracy or consistency.