LANDMINE & CLUSTER MUNITION MONITOR

FACT SHEET
Victim Assistance Since Entry Into Force of the Convention on Cluster Munitions

September 2012

Since the Convention on Cluster Munitions entered into force on 1 August 2010, States Parties obligated to comply with victim assistance provisions have reported making more efforts than ever before to improve the lives of cluster munition victims. This demonstrates that the convention is making a difference, particularly in those countries most affected. Yet progress on victim assistance over the last two years has been uneven due to lack of funding to the non-governmental organizations which deliver most services, inadequate infrastructure, conflict, and other challenges.

Cluster munition victims have been recorded in at least 30 states and three *other areas* affected by cluster munition contamination .[1] Ten are States Parties to the convention and are thus compelled to provide victim assistance: **Afghanistan**, **Albania**, **Bosnia and Herzegovina (BiH)**, **Croatia**, **Guinea-Bissau**, **Lao PDR**, **Lebanon**, **Montenegro**, **Mozambique**, and **Sierra Leone**.[2]

States Parties with cluster munition victims[1] are required to implement victim assistance activities, including providing adequate age- and gender-sensitive assistance, that incorporates medical care, rehabilitation, and psychological support, as well as providing for social and economic inclusion without discrimination.

Compliance with victim assistance obligations specified in the Convention on Cluster Munitions is compulsory.
The Vientiane Action Plan (VAP) provides a guide to prioritizing implementation of victim assistance in all the key aspects.

Over the last two years, victim assistance services or supplies continued to be primarily provided by NGOs and international organizations in those States Parties with the most cluster munition victims (**Afghanistan**, **Lao PDR** and **Lebanon**). Governments, for their part, often led victim assistance coordination and undertook some limited implementation, particularly in the area of emergency and ongoing medical care.

Following are some findings regarding progress since 2010 in assessing the needs of, providing services for, and involving cluster munition victims.

Collect all necessary data to assess needs

Since entry into force of the convention, most relevant States Parties have attempted to compile the information necessary to assist cluster munition victims, yet most, except **Albania**, have not yet completed the task which was set with a one-year target by the Vientiane Action Plan. **Afghanistan** did not have a needs assessment; **BiH** identified previously unrecorded cluster munition casualties, but the data was not fully disaggregated; **Lao PDR**, recognizing the poor quality of the data available, was establishing a new system; **Lebanon** had not yet consolidated national victim survey and needs assessment data in a

[1] Angola, Afghanistan, Albania, Bosnia and Herzegovina, Cambodia, Chad, Colombia, Croatia, Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Georgia, Guinea-Bissau, Iraq, Israel, Kuwait, Lao PDR, Lebanon, Libya, Montenegro, Mozambique, Russia, Serbia, Sierra Leone, South Sudan, Sudan, Syria, Tajikistan, Uganda, Vietnam, and *Kosovo*, *Nagorno-Karabakh* and *Western Sahara*.
[2] Six have signed but not yet ratified the convention (Angola, Chad, Colombia, DRC, Iraq, and Uganda).

single national database. Efforts to assess and address the needs of victims remained focused on survivors, with some inclusion of the family members of survivors and those people who were killed. Little attention was paid to surveying the needs of cluster munition-contaminated communities and/or to determining the appropriate way to address their needs through data collection.

Take immediate action to increase availability and accessibility of services

All States Parties provided some form of victim assistance services despite reliance on international funding and the poor global economic outlook. However, few significant or readily measurable improvements in the accessibility of services have been recorded in most States Parties with cluster munition victims.

Decreased international funding to victim assistance reported by service providers through 2011 reduced the availability of services in several States Parties, including **Albania**, **BiH** and **Lebanon**, where service providers struggled to make the most of limited resources and to identify new sources of funding. In **Afghanistan** and **BiH**, funding declined for peer-to-peer support provided by NGOs. All victim assistance plans lacked dedicated national funding, although plans for victim assistance in **BiH**, **Croatia**, **Lao PDR**, **Lebanon** and **Mozambique** either included budgets or estimated costs.

Physical rehabilitation was generally more available and received greater focus and resources as compared with the other core victim assistance services such as economic inclusion and psychosocial support. **Guinea-Bissau** opened a major rehabilitation center and **Lao PDR** made progress in increasing access to medical care and prosthetics services in remote areas through outreach programs. Psychosocial support remained one of the most neglected areas of victim assistance and States Parties supporting such services reported little or no progress since entry into force. Generally, economic inclusion services that existed were provided by NGOs and reliant on international funding. **Mozambique** increased access to vocational training for persons with disabilities.

Regulations requiring physical accessibility to buildings for persons with disabilities were not adequately enforced in any State Party.

Almost all reported efforts to address age and gender were limited to disaggregating data on casualties, rather than fulfilling the needs indicated by assessments.

Involve and consult survivors

States Parties must actively involve cluster munitions victims and their representative organizations in the work of the convention. Of the seven States Parties with victim assistance coordination structures in place, six involve survivors or their representative organizations in victim assistance or disability coordination mechanisms: **Afghanistan**, **Albania**, **BiH**, **Croatia**, **Lao PDR** and **Lebanon**.[3] However, the degree of inclusion and participation could be significantly improved. In most States Parties with cluster munition victims, survivors were involved in implementing and, in some cases, helped to design physical rehabilitation and social and economic inclusion initiatives, including through peer-to-peer support. In almost all cases, survivor involvement in the implementation of victim assistance activities was through NGO programs and most often these were countries where survivor networks also existed.

Two states, **Croatia** and **BiH**, included a survivor as a member of their delegations to an international meeting of the convention.

[3] No survivor involvement was identified in Guinea-Bissau's planning and coordination mechanisms.