



LANDMINE & CLUSTER MUNITION MONITOR FACT SHEET



Victim Assistance and the Vientiane Action Plan April 2012

At least 30 states and three *other areas* affected by cluster munition contamination have reported cluster munition victims.ⁱ Ten are States Parties to the Convention on Cluster Munitions (CCM), obligated to comply with victim assistance provisions of the Convention: **Afghanistan, Albania, Bosnia and Herzegovina (BiH), Croatia, Guinea-Bissau, Lao PDR, Lebanon, Montenegro, Mozambique, and Sierra Leone.**ⁱⁱ

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

Coordination and needs assessments (VAP Action #21 & Action #22)

States parties agreed to designate a focal point for victim assistance coordination within six months; collect all necessary data to assess needs, and establish effective coordination mechanisms, both within one year.

- ✓ All States Parties with known cluster munition victims have a focal point for victim assistance activities in place except Sierra Leone and Montenegro, both of which had very few reported cluster munition casualties (28 and eight respectively). In **Albania** and **Lebanon**, focal points led effective victim assistance coordination bodies or mechanisms, while coordination groups in **BiH, Croatia, and Lao PDR** met regularly.
- ✓ **Albania, BiH, Croatia, Lao PDR, and Lebanon** have taken steps to improve casualty data collection and/or needs assessments. In all five cases, available data collected is disaggregated by age and gender.
- ❖ **Afghanistan, Guinea-Bissau, Montenegro, Mozambique, and Sierra Leone** have made no substantial efforts to survey and assess the needs of cluster munitions victims.

Improving access to services (VAP Action #25)

Each State Party should take immediate action to increase availability and accessibility of services, particularly in remote and rural areas where they are most often absent. State parties do not appear to have significantly improved, or considered how to increase, services for cluster munition victims in remote and rural areas. There have been some minimal efforts to increase services, as well as some setbacks:

- ✓ In **Guinea-Bissau**, the availability of prosthetics services increased in 2011 with the opening of a major rehabilitation center. Access to prosthetics services improved through an outreach program in **Lao PDR**. Services and assistance to mine/ERW survivors in **Lebanon** remained fairly constant. There were limited increases in access to vocational training and education in **Mozambique** as a result of programs targeting persons with disabilities more generally.
- ❖ The deterioration of the security situation in **Afghanistan** was detrimental to access to victim assistance. Availability of both physical rehabilitation and psychological support services decreased in **Albania** with a significant reduction in international funding for victim assistance. No change was reported in **BiH's** state services while the main peer support provider implemented fewer services. There remained a need to significantly improve infrastructure and services in **Croatia's** state-run psychological support centers. No specific services or improvements were reported for **Montenegro** or **Sierra Leone**.

States Parties have committed to provide adequate assistance not just to people directly affected by cluster munitions, but also their families and communities:

- ❖ To date, States Parties have not reported on the inclusion of families and communities within victim assistance.

States Parties' commitments to improve victim assistance and promote the rights of survivors and other persons with disabilities have been advanced by States Parties' implementation of the Mine Ban Treaty's Cartagena Action Plan (2010–2014).

- ✓ Eight States Parties with cluster munition victims are party to the Mine Ban Treaty.
- ❖ The exceptions are **Lao PDR** and **Lebanon** both of which also have significant numbers of landmine and explosive remnants of war (ERW) survivors.

Gender- and age-sensitive assistance are cross-cutting measures together with enforcement of the principle of non-discrimination.

- ✓ By August 2011, a gender sensitization training had been held for government and NGO service providers in **Lebanon** and similar events were held in signatory states the **Democratic Republic of Congo** and **Uganda**.

Improving legal frameworks (VAP Action #26)

Within one year, each State Party shall review national laws and policies, with a view to meeting the needs and protecting the human rights of cluster munition victims. Many efforts by States Parties to improve their national legislation with respect to victim assistance have been a direct result of efforts to implement the provisions of the Convention on the Rights of Persons with Disabilities (CRPD). Of the ten States Parties with responsibility for cluster munition victims:

- ✓ Five are also party to the CRPD: **BiH**, **Croatia**, **Lao PDR**, **Montenegro**, and **Sierra Leone**.
- ❖ Three have signed but not yet ratified: **Albania**, **Lebanon**, and **Mozambique**. **Guinea-Bissau** has not yet joined.

Inclusion and participation (VAP Action #31)

The convention calls upon States Parties to closely consult with and actively involve cluster munition victims and their representative organizations. Of eight States Parties with a victim assistance focal point and coordination mechanism in place:

- ✓ Seven involve survivors or their representative organizations in victim assistance or disability coordination mechanisms: **Afghanistan**, **Albania**, **BiH**, **Croatia**, **Lao PDR**, **Lebanon**, and **Mozambique**.

Survivors provided peer support and referrals to help other survivors to access services in many countries with cluster munition victims. In almost all identified cases, not only in States Parties, survivor involvement in the implementation of victim assistance activities was through NGO programs, including in **Afghanistan**, **Albania**, **Angola**, **BiH**, **Croatia**, **Ethiopia**, **Mozambique**, **Uganda**, and **Vietnam**.

Survivors and cluster munition victims should be considered as experts in victim assistance and included on government delegations to international meetings and in all activities related to the convention. Since the convention's entry into force:

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

ⁱ There may have been casualties in other affected states as well, but these remained unconfirmed. There have also been both military and civilian cluster munition casualties from countries that are not affected.

ⁱⁱ Angola, Chad, Democratic Republic of Congo, Iraq, and Uganda have signed but not ratified the Convention, as of 30 March 2012.

ⁱⁱⁱ According to Article 2(1) of the Convention on Cluster Munitions, cluster munition victims are defined as "all persons who have been killed or suffered physical or psychological injury, economic loss, social marginalization, or substantial impairment of the realization of their rights caused by the use of cluster munitions."