



Committee on the Rights of Persons with Disabilities

UNMAS Statement on Victim Assistance

26 August 2019

Mr. Chair,¹

UNMAS, the UN Mine Action Service, is mandated to coordinate the mine action work of the United Nations System as Chair of the Inter-Agency Coordination Group on Mine Action and is also the global coordinator for the Mine Action Area of Responsibility within the Global Coordination Cluster led by UNHCR.

Mr. Chair,

Mine Action is more than demining. It also involves risk education to prevent accidents and assisting victims when prevention has failed.

In 2017, after over a decade of steadily diminishing casualty rates, the total number of people killed and injured by explosive ordnance leapt to its highest level since 1999. The situation is particularly worrisome in Afghanistan, Colombia, the Democratic Republic of Congo, Iraq, Libya, Mali, Myanmar, Syria, Ukraine and Yemen. For example, in Afghanistan, the amount of people killed or injured by landmines and ERWs in 2018 was more than three times the level recorded in 2012.

¹ Mr. Danlami Umaru Basharu, Director, Anglo-Nigerian Welfare Association for the Blind (ANWAB).

Victim assistance has therefore never been so crucial. As the funding for victim assistance fell to only 2% of the mine action budget (\$15.8 million in 2017 down from \$21 million in 2016), increasing needs are being met with shrinking means by the mine action sector.

“Victims” refers not only to people killed or injured by explosive ordnance, but also to their families and affected communities more generally. Victim Assistance includes the actions to meet the needs of people injured, survivors, families of people injured and killed, as well as affected communities. It includes but is not limited to the following elements: emergency and long-term medical care, rehabilitation, mental health and psychosocial support, and socio-economic inclusion that is inclusive education, social and economic inclusion and social protection.

Victim assistance also requires states to develop and implement laws and policies that **promote the rights of victims** and to collect gender, age and disability disaggregated data on casualties, the needs of survivors and indirect victims, and available services.

It is first and foremost a legal obligation. The Anti-Personnel Mine Ban Convention (APMBC) and the Protocol V on Explosive Remnants of War of the Convention on Certain Conventional Weapons require States Parties to provide assistance for the care and rehabilitation, and social and economic reintegration, of victims of mines and explosive remnants of war. The Convention on Cluster Munitions (CCM), adopted after the CRPD, has a separate article (Art. 5) on victim assistance which stipulates the obligation for States to provide ‘age- and gender-

sensitive assistance, including medical care, rehabilitation and psychological support, as well as provide for their social and economic inclusion.’

The *Convention on the Rights of Persons with Disabilities* (CRPD) requires States Parties to ensure that persons with disability, including survivors of explosive ordnance, have access to healthcare, rehabilitation, employment, social protection and education. Complementarity between the disarmament treaties mentioned earlier and the Convention on the Rights of Persons with Disabilities should be a priority for States that have ratified these instruments in order to meet survivors needs.

The end goal of victim assistance is ensuring that the rights of victims of explosive ordnance are protected, including the full and effective participation of survivors and indirect victims in society, on an equal basis with others.

The United Nations Policy on Victim Assistance in Mine Action promotes the following principles: ensure a human rights approach to victim assistance; ensure that services are non-discriminatory; and integrate victim assistance into broader humanitarian and development efforts, health being a critical element.

Excellencies,

The United Nations is committed to providing comprehensive support to mine and ERW victims “within broader responses to injury and disability”, as per Strategic Objective Two of the United Nations Mine Action Strategy 2019-2023.

The main avenue of United Nations, and specifically UNMAS support to victim assistance, is through the establishment and maintenance of referral pathways. Referral mechanisms were developed and used in Darfur, Mali, and the Occupied Palestinian Territory. They ensure access and direct victims to the appropriate services needed through a case management approach. To this effect, a well-integrated coordination between actors and across sectors is essential. Victim assistance requires a continuum of care and a multisectoral approach.

In some emergency situations, however, more direct support is provided through partnerships with civil society. In such situations, UNMAS supports and coordinates victim assistance among humanitarian mine action actors, including physical rehabilitation, psychosocial support, medical support, referrals, and self-care through mobile teams and supports high-level advocacy for the expansion of victim assistance and disability inclusion within the broader humanitarian response.

In Afghanistan, for example, UNMAS has provided orthoses, prostheses, fixed and mobile physiotherapy services to more than 6,800 direct victims of conflict and disability awareness to more than 5,800. The Emergency Victim Assistance project provided immediate assistance packages to more than 1,000 households throughout 27 provinces.

In the Syrian Arab Republic, where 50 per cent of healthcare centres have reportedly been destroyed or damaged, it is extremely difficult for explosive ordnance victims to access care. The Mine Action Service supports and coordinates victim assistance among humanitarian mine action actors, including physical rehabilitation, psychosocial support, medical support, referrals and self-care through

mobile teams. But much more is needed to address the three million persons with disability in Syria².

Excellencies,

In a step toward integrating humanitarian responses within the Global Protection Cluster, the Mine Action and Child Protection Areas of Responsibility are seeking to increase collaboration in the area of risk education and victim assistance.³ The Mine Action Area of Responsibility, including civil society, has further advocated for the integration of victim assistance in needs assessments and humanitarian response plans (HRPs).

With the upcoming IASC guidelines on the inclusion of people with disabilities in humanitarian assistance as well as the new template for humanitarian programming, we hope to see an improvement in the services provided by the humanitarian community to persons with disabilities in the future, provided that donors fund these activities.

Mr. Chair,

To finish, despite best efforts by the mine action sector to integrate victim assistance into broader humanitarian, development and human rights efforts, many victims, do not receive adequate support. I would like to call on governments who have the means to do so, to help fill existing gaps in funding and delivery.

Thank you.

² The World Health Organization and Handicap International draw attention to the needs of people in Syria living with injuries and disabilities; 12 December 2017

³ <http://www.globalprotectioncluster.org/wp-content/uploads/CoP-Review-2018-screen-1.pdf>