Introduction

1. Victim assistance is about human rights, healthcare, social and economic integration, education and employment. These different components are found in the Protocol V machinery on victim assistance. That machinery is made up of Article 8(2), which states: “Each High Contracting Party in a position to do so shall provide assistance for the care and rehabilitation and social and economic reintegration of victims of explosive remnants of war (ERW)”; the Plan of Action on Victim Assistance, which sets out a comprehensive framework on the needs and rights of victims; Form F(a) of the national reporting form; and practical cooperation with other relevant international legal instruments. In 2014 implementation of each of these elements was the focus of the work undertaken on victim assistance.

National reporting on victim assistance

2. In 2012 High Contracting Parties agreed to a new Form F(a) for reporting on victim assistance. The Seventh Conference strongly encouraged “affected High Contracting Parties to report on their efforts to support victim assistance in reporting Form F(a)”. Such reporting is important to understanding the progress being made by affected States on victim assistance and in which areas they may require support. The reporting provided by the following affected High Contracting Parties under Form F(a) is welcomed: Albania, Belarus, China, Croatia, Laos People’s Democratic Republic and Ukraine.

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1 In accordance with the decision of the Seventh Conference of the High Contracting Parties to Protocol V on Explosive Remnants of War, as contained in paragraph 37(b) of its Final Document (CCW/P.V/CONF/2013/11), the discussions on victim assistance, were led by the Coordinator, Ms. María Victoria Picazo of Argentina and Friend of the Coordinator, Mr. Fernando Guzmán of Chile.
Implementation of the commitments on victim assistance

3. In preparation for the Meeting of Experts, affected High Contracting Parties and observer States were asked to respond to specific questions concerning the Plan of Action on Victim Assistance. Those questions covered the collection of data on victims; the provision of medical care, rehabilitation services and psychological support for victims; national laws and policies to protect and promote victims’ rights; and support for the social and economic reintegration of victims, with a special focus on the right to education.

4. Action 1 of the Plan of Action requires High Contracting Parties to “provide medical care, rehabilitation, psychological support...” A range of services and differing capacities were presented by the States in their responses. Although Burundi has been able to establish four rehabilitation centres, it was a struggle for persons with disabilities to access medical care. Cambodia has established 11 physical rehabilitation centres, one spinal cord rehabilitation centre and one school on prosthetics and orthotics. Croatia gave a detailed account of its emergency, surgical, orthopaedic and rehabilitative services. Zambia spoke in general terms on the Government’s provision of healthcare, psycho-social counselling and rehabilitative services.

5. Action 2 of the Plan of Action calls for High Contracting Parties to “make every effort to collect reliable relevant data with respect to victims”. Such data is essential to States understanding the situation and challenges that victims are confronted with and then more effectively assisting them. All four responding States were able to present statistics either on the number of victims or the number of persons with disabilities. For example, Burundi carried out surveys with the assistance of Handicap International in three of its provinces located in the South East. Of a total 2036 persons with disabilities, 680 were victims of ERW and landmines. 80 percent of the victims were male. Croatia has 3065 to 3307 victims. In contrast, Cambodia carried out a census in 2008 and identified 1.44 percent of the population as having a disability. The Zambian Mine Action Centre had conducted victim needs assessment surveys and in seven provinces 152 victims were identified.

6. Action 4(b) of the Plan of Action requires High Contracting Parties to “Develop, implement and enforce any necessary laws and policies.” The objective of national laws and policies should be to protect, promote and improve the lives of victims. Croatia explained that the different rights of persons with disabilities are realised through more than 280 different laws and by-laws. It is currently working on one law to address the rights of persons with disabilities. Burundi, Cambodia and Zambia have national laws that provide general protection of the rights of persons with disabilities.

7. The social and economic reintegration of victims is essential to their being able to fully exercise their rights on the same footing as all other members of society. Yet this continues to be a challenging area. The right to education is an important right in this area and demonstrates the indivisibility of human rights. As explained by Ms. María Soledad Cisternas Reyes, Vice-Chair of the Committee on the Rights of Persons with Disabilities, the right to education is a corner stone to the ability to exercise all other rights. Burundi explained that due to a lack of infrastructure and resources it was difficult to promote the independence of victims and to integrate them into development projects. Despite providing vocational training courses and the introduction of quotas for persons with disabilities to be employed by the Government, Cambodia recognised that victims faced inequality in the areas of education and vocational training. Croatia identified 37 victims as being unemployed and had a range of agencies involved in the social and economic integration of victims. In Zambia, victims were in a poor economic position and required communal income generating activities.
8. The Convention on the Rights of Persons with Disabilities (CRPD) established a human rights framework for all persons with disabilities, including the victims of ERW. For this reason the CRPD is specifically referred to in the Protocol V Plan of Action. Further, the CRPD enjoys strong support amongst Protocol V High Contracting Parties. In setting out the key rights of persons with disabilities and especially victims of ERW, Ms. Cisternas Reyes explained that the CRPD brought about a paradigm shift from a medical based approach to prioritising the individual and the challenges they faced. Affected States are increasingly reporting on how victims are included in their efforts to assist and promote the rights of persons with disabilities. These efforts should be strongly encouraged.

Cooperation with other relevant international legal instruments and fora

9. As the Co-Chair for Victim Assistance under Convention on Anti-personnel Landmines, Austria along with Colombia was leading work on guidelines for assisting child victims of landmines, which represent one of the most vulnerable groups in society. This work included interested States from the relevant Conventions - the Convention on Anti-personnel Landmines, Convention on Cluster Munitions, Convention on Certain Conventional Weapons, as well as experts including survivors, the relevant United Nations entities and civil society. Austria expressed concern at the steadily rising numbers of victims of improvised explosive devices (IEDs). Victims of IEDs have similar needs to victims of landmines or ERW. The Protocol V Plan of Action on Victim Assistance and the experience of High Contracting Parties on these matters could be of value for States facing challenges in ensuring the adequate assistance to IED victims and protecting their rights. This demonstrated the relevance of victim assistance for the CCW as a whole.

10. The International Committee of the Red Cross (ICRC) reported on a workshop that it co-organized with the African Union Commission in Addis Ababa during March this year. The purpose of the workshop was to discuss and seek solutions to the challenges States face in the area of victim assistance. The workshop highlighted the challenges in a number of areas, especially the factors hindering access to services, the limited public resources for health care in many countries, the importance of data collection and victim surveillance, and the limited opportunities for the economic reintegration of survivors. It also proposed a range of recommendations in these areas, which the ICRC highlighted in its statement.

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2 The following Protocol V High Contracting Parties have joined the CRPD: Albania, Argentina, Australia, Austria, Bangladesh, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Burundi, Cameroon (signature), Canada, Chile, China, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Dominican Republic, Ecuador, El Salvador, Estonia, Finland (signature), France, Gabon, Georgia, Germany, Guatemala, Guinea-Bissau (signature), Honduras, Hungary, Iceland (signature), India, Iraq, Ireland (signature), Italy, Japan, Kuwait, Lao People’s Democratic Republic, Latvia, Liberia, Lithuania, Luxembourg, Madagascar (signature), Mali, Malta, Netherlands (signature), New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saudi Arabia, Senegal, Sierra Leone, Slovakia, Slovenia, St Vincent and the Grenadines, South Africa, Spain, Sweden, Switzerland, The Former Yugoslav Republic of Macedonia, Tunisia, Turkmenistan, Ukraine, United Arab Emirates, United States of America, Uruguay and Zambia.
Conclusions and recommendations

11. From the four States that did respond to the questions on implementation of the commitments under Protocol V on victim assistance and the feedback received from other fora, it is clear that in a number of areas States are confronted with challenges in providing the necessary assistance and support to victims. The work on implementation must continue to ensure that victims are receiving the appropriate assistance and their rights are being respected and promoted. States need to be encouraged to include victims in their national policies, strategies and legal frameworks to protect and promote the rights of persons with disabilities, healthcare, social and economic integration, education, employment and development. In doing so, affected States need to be able to account for how their commitments to victims under Protocol V are being fulfilled within those national frameworks. One practical suggestion for easing the reporting burden on affected States and making use of all relevant information that is publicly available is in the future for the Coordinator with the assistance of the CCW Implementation Support Unit to liaise with other relevant legal instruments on implementation of common victim assistance goals.

12. In light of the above, the Eighth Conference of the Protocol V High Contracting Parties may wish to take the following decisions:

(a) To continue to focus on the implementation of the Article 8(2) of Protocol V and the Plan of Action on Victim Assistance, especially the need for affected States to include victims in their overall national disabilities and development frameworks;

(b) The Coordinator with the assistance of the Implementation Support Unit to continue to share practical experiences and liaise on implementation of the commitments on victim assistance with other relevant legal instruments;

(c) To follow-up with those affected States that have not yet submitted Form F(a) of the national reporting form; and

(d) In the context of the upcoming Fifth Review Conference of the Convention on Certain Conventional Weapons in 2016, to explore the possibility of recommending that the CCW High Contracting Parties adopt the Protocol V Plan of Action on Victim Assistance to extend its application to the Convention and its Protocols.