

ICRC Statement on Victim Assistance

1 December 2005

Thank you Madame Co-Chair,

One of the major achievements of the First Review Conference was to record in the Nairobi Action Plan the understanding of the States Parties regarding the specific contents of the obligation to provide "assistance for the care, rehabilitation and socio-economic reintegration of mine victims". In this regard, States Parties made eleven specific commitments in the Nairobi Action Plan, to be carried out in the period 2005 to 2009.

We are encouraged by the excellent efforts made since the Nairobi Summit by the Standing Committee on Victim Assistance led by Nicaragua and Norway to facilitate implementation of these commitments by the 24 States Parties with the greatest number of mine victims to care for and by States in a position to assist them. These efforts included the development of the comprehensive Victim Assistance Questionnaire, which provides an essential tool for each State Party that has mine victims to care for to determine what the needs of victims are, and to establish and implement national plans to address those needs. In particular, the Questionnaire is an important tool to help each State Party in developing realistic and achievable objectives and plans with the aim of ensuring that national health and social services systems are better able to respond to the needs of mine victims and other persons with disabilities.

The ICRC welcomes the fact that many of the 24 States Parties with the greatest number of mine victims have made use of the questionnaire, as shown in Annex V of the Zagreb Progress Report. We urge those concerned States Parties that have not yet responded to the Questionnaire to do so at the earliest opportunity. We also encourage all concerned States Parties to update regularly the information provided through the Questionnaire, as they make progress in implementing their victim assistance obligations.

In addition, we wish to raise a particular concern we have in relation to the development and implementation of national victim assistance plans.

Victim assistance is delivered through existing health care and social services systems. This integrated approach was recognized by the Review Conference and is recalled in paragraphs 63 and in the first priority listed under paragraph 80 of the Zagreb Progress Report. In this connection, we are concerned that, as highlighted in paragraph 73 of the Zagreb Progress Report, (and I quote) "in many instances the effort to develop victim assistance objectives has been led by demining officials with little interaction with those responsible for health and social services." (unquote)

We wish to recall in this regard the clear commitment made by States Parties in Action #39 of the Nairobi Action Plan that they will (quote) "ensure an effective contribution in all relevant deliberations by health, rehabilitation and social services professionals and officials" (quote). Clearly, much more needs to be done to fulfil this commitment. It is crucial that national health and social services professionals be

involved at every step of the development of national victim assistance objectives and plans, since they must inevitably be involved in the implementation of those plans. This may require the establishment of national inter-ministerial processes as a means to ensure that all relevant authorities and experts are involved.

In addition, in order to facilitate a greater involvement of relevant health and social services officials in the work of the Convention, Action #39 of the Nairobi Action Plan calls on States Parties with the greatest number of mine victims to care for and those supporting them to include health and social services professionals on their delegations. As there were few such persons present at the June intersessionals or at this Meeting of the States Parties, greater efforts are needed.

It is at national level, where victim assistance plans are to be developed and implemented, that the work is done, and in this respect we encourage the Standing Committee on Victim Assistance in 2006 to support efforts made at the national level to assist the concerned States Parties in developing and implementing their plans. As always, the ICRC stands ready to assist in these efforts within the limits of its mandate.

Finally, Madame Co-Chair, we would like to raise an example from our physical rehabilitation programmes to illustrate the challenges individual States face in ensuring that health and social services function in an autonomous and sustained manner.

Over ninety per cent of the ICRC's physical rehabilitation projects are carried out in close collaboration with a national partner, primarily government authorities (such as Health or Rehabilitation Ministries) with responsibility to carry out such work in their respective countries. The ICRC's involvement is mostly limited to providing material and financial assistance, as well as technical training, with a view to increasing accessibility to services and ensuring their long-term functioning.

Our ultimate objective is to support national capacities until they can eventually function autonomously without the need for ICRC support, in other words until national capacities take full ownership of the programmes. This has proven difficult in many countries. It requires that governments take responsibility for these programmes using their own resources and capacities, and by obtaining assistance from international development programmes if need be. This can only work if development, and indeed humanitarian, resources are significantly increased to meet the needs. Yet, in the ICRC's experience a number of States, the reverse seems to be happening. In these countries, where the ICRC had turned over programmes to national authorities support of other organisations, we have had to later return to these countries to resume assistance for the projects because they had run out of funding. In parallel to this trend, contributions earmarked to the ICRC's Special Appeal on Mine Action, which also covers our victim assistance work, has steadily declined in each of the last four years. The same is the case for the ICRC's Special Fund for the Disabled. This is not good news for mine survivors.

We hope for a focussed discussion on the issue of sustained resource mobilisation for victim assistance in the Standing Committee on Victim Assistance in the coming year. Thank you.