



KEY MESSAGES ON VICTIM ASSISTANCE (June 2019)

1. The victims are casualties, families and affected communities.

i) The term ‘victims’ refers to people killed and injured by explosive ordnance¹, ii) the families of people injured and killed, and iii) affected communities. In the context of mine action, the term ‘survivor’ refers to a person who was injured as a result of an explosive ordnance and has survived the accident.

2. Every year new casualties are reported, adding to the total number of victims.

More than 120,000 casualties have been recorded in the Landmine and Cluster Munition Monitor database in the period 1999–2017.² If we count the families of people killed and injured, the number of victims is much higher. Globally at least 60 million people live in contaminated areas.³ If we count refugees or internally displaced people (IDPs) who cannot go home due to contamination, the number of indirect victims is even higher.

3. Alarming rates of casualties should give new impetus to Victim Assistance.

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, going from 3,993 in 2014 to 7,239 in 2017 (2,793 killed, 4,431 injured, and 15 unknown). 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 is more than three times the level recorded in 2012. On a more positive note, there has been an overall steady decline in the number of new casualties in post-conflict settings. This accounting is imperfect and incomplete, but even its rough approximation points to a general upward trend in casualties.

4. Children, in particular boys, are especially at risk.

¹ In this document, explosive ordnance refer to mines, explosive remnants of war (ERW), cluster munitions and improvised explosive devices (IEDs).

² Landmine Monitor 2018, 49.

³ *State of Play: The Landmine Free 2025 Commitment*, MAG & The HALO Trust (December 2017). 4.

In its 2018 report, the Landmine and Cluster Munition Monitor documented for the second consecutive year the most annual child casualties of mine and unexploded ordnance recorded in 20 years of research. Children accounted for nearly half of all civilian casualties of these weapons and the majority of child casualties were boys (84%).

5. Increased use of Improvised Explosive Devices (IEDs) has contributed to the reported increase in the number of casualties and in the severity of injuries.

The dangers of IEDs are highlighted in the UN Secretary-General's July 2018 report "Countering the threat posed by improvised explosive devices," wherein Action III calls on all states, NGOs, and other relevant parties to increase victim assistance. Many of these IEDs are victim-activated, thereby operating like an anti-personnel mine. It should also be stressed that IEDs inflict much more serious injuries than landmines.⁴ Victim assistance, in particular trauma care and psycho-social support, must adapt to the needs of IED survivors in order to increase their chances of survival and recovery.

6. Victim Assistance requires a continuum of care and a multisectoral approach.

It includes the actions to meet the needs of people injured, survivors, families of people injured and killed, and affected communities. Victim assistance 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 (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.

7. Victim Assistance is a legal obligation.

Several international agreements require State Parties to provide assistance to mine and ERW victims. The *Anti-Personnel Mine Ban Convention* requires States Parties to provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims. The *Convention on Cluster Munitions* includes articles concerning assistance to victims of cluster munitions, including medical care, rehabilitation and psychosocial support, as well as social and economic inclusion. The *Convention on Certain Conventional Weapons - Protocol V* requires States Parties to provide support to victim assistance. In regards to explosive ordnance survivors, the *Convention on the Rights of Persons with Disabilities* requires State Parties to promote the full rights and fundamental freedoms of all persons with disabilities.

⁴ [Improvised explosive devices inflict much more serious injuries than land mines](#), BMJ (23 August 2017).

8. The Mine Action Area of Responsibility (MA AoR) coordinates mine action within the Global Protection Cluster (GPC) and integrates it in humanitarian action.

Humanitarian mine action is central to the protection of people in humanitarian crises. It protects people from explosive ordnance and defends the right to life and their freedom of movement. The MA AoR is a group of mine action organizations working together to improve mine action and integrate it in humanitarian action more broadly, including through its inclusion in humanitarian plans in countries affected by explosive ordnance where the Global Protection Cluster is activated. Mine Action AoR coordination mechanisms have been activated in 15 countries. At the global level, the group decided to focus on victim assistance in 2018 as it was perceived to be a forgotten protection and health issue. This focus has been maintained in 2019, in addition to also drawing attention to risk education.

9. Funding for Victim Assistance is inadequate to meet growing needs.

Victim assistance is a crucial pillar of mine action that is critically underfunded. In 2017, victim assistance earmarked support as part of the global mine action budget was the lowest ever recorded and represented the lowest ever percentage of total mine action funding.⁵ The UN has underlined this underfunding in its contribution to the Review Document of the APMBC from 2014 to 2019, urging donor action in response.⁶ Based on information in the Landmine and Cluster Munition Monitor in October 2018, only \$15.8 million was reported as dedicated victim assistance support in 2017, down from \$21 million in 2016. This represents just 2% of all reported support for mine action in 2017, in comparison, victim assistance funding ranged between 4% to 7% of all support from 2013 to 2016. The top three victim assistance donors — Germany, Switzerland, and Norway — provided 60% (\$9.5 million) of all earmarked victim assistance funding in 2017.

10. Effective mainstreaming of victim assistance in broader assistance frameworks (humanitarian, development, disability inclusion) need to be complemented with measures to ensure that victims are protected and have access to services.

The prospect of donors earmarking funding for victim assistance to the levels required to fill existing needs and gaps is unlikely. Several donors are mainstreaming their assistance through broader support to health, education and protection. Although this development is welcome, the MA AoR is concerned that gaps remain in supporting and reaching explosive ordnance victims, especially in view of the increase in casualties. The success of this pillar of mine action depends on a much more active role of the mine action community to facilitate and advocate for multi-sector support, and to provide

⁵ Landmine Monitor 2018, p. 83.

⁶ The UN Inter-Agency Coordination Group on Mine Action (IACG-MA), "Inputs to the Review of the Status and Operation of the Anti-Personnel Mine Ban Convention," p.4.

evidence of its integration into broader humanitarian, development and human rights efforts in countries affected by explosive ordnance.

11. The Mine Action Area of Responsibility is advocating with key stakeholders for better data, access to services, funding for VA and greater accountability.

The MA AoR will continue to make the case with Humanitarian Country Teams for the inclusion of victim assistance projects in the Humanitarian Response Plans in Afghanistan, Colombia, Democratic Republic of the Congo, Iraq, Lebanon, Libya, Mali, Myanmar, Nigeria, Palestine, Somalia, South Sudan, Sudan, Syria, Ukraine, Western Sahara and Yemen to make sure the needs of victims are met. These projects will focus on achieving four key results: 1) increased casualty data collection and sharing; 2) improved access to services for people injured and the realization of the rights of survivors and indirect victims; 3) increased funding and advocacy for victim assistance, and 4) developing an accountability mechanism to monitor explosive ordnance victims amongst broader populations benefitting from humanitarian efforts in affected countries.

12. Accountability to victims requires effective data collection.

From the perspective of accountability to affected populations – in the context of the victim assistance in the Anti-personnel Mine Ban Convention, the Convention on Cluster Munitions, and the Convention on Conventional Weapons Protocol V, it is paramount that survivors and other victims remain visible in data being collected on beneficiaries of broader humanitarian and development funding. This is the only way to know if they are being reached. Increasingly, data is being disaggregated by sex, age and disability, using the Washington Group questions to identify persons with disabilities. This data does not, however, allow identification of explosive ordnance survivors amongst the overall group of persons with disabilities as it does not ask a question about the cause of the impairment. Without data that informs as to whether people injured by explosive ordnance, survivors and indirect victims are being reached amongst the broader group of beneficiaries of bilateral or multilateral humanitarian and development efforts, the future of victim assistance in the context of explosive ordnance is in peril.

13. New standards under development to improve Victim Assistance.

An International Mine Action Standard on Victim Assistance is under development.

14. Key Priorities for Affected States.

Invest in emergency medical care, including first aid and emergency medical transport, access to safe blood and trauma surgery, as well as continuing medical care where it is most needed. First aid is the difference between life and death. Many casualties die of haemorrhage after explosions. First Responders can save lives of explosive ordnance

casualties by stopping the bleeding. In areas affected by explosive ordnance, such basic first aid training must urgently and expansively be taught. UNMAS' Safety Handbook provides useful guidance on evacuation from a spot of an unknown explosion and administering first aid. It is available in several languages and is complemented by an application: https://unmas.org/sites/default/files/handbook_english.pdf

However, even once a victim is stabilized, their access to a hospital or other health care facility in the shortest possible delay is another crucial requirement for their survival and longer-term recovery. Health ministries have a responsibility to provide access to health care, especially in the remotest regions of their countries. Many casualties need to travel on dangerous roads for hours to get to the nearest hospital and die on the way. Filling these geographic gaps so people get a chance at survival and then at rehabilitation should be a priority, especially in conflict-affected areas. Promoting and protecting access to health care is a humanitarian imperative.

Fill the gaps in access to rehabilitation and psychosocial support services (PSS): In many states and regions, provision of rehabilitation services is limited or unavailable in the rural and remote areas where most survivors live due to a variety of factors including cost, lack of infrastructure and/or lack of political will. On a positive note, construction of several much-needed prosthetics centres was reported in 2016–2017. The MA AoR must advocate for home-based care (rehabilitation and PSS) in addition to centre-based care to ensure better outreach and support to victims and their families. Programme modality requires physiotherapists & PSS workers operating together in mobile teams, as well as working out of centres.

Include survivors and indirect victims in decision-making: Approximately two-thirds of the APMBC States Parties had active coordination mechanisms, some of which included survivors' representatives. Unfortunately, this often did not result in their contributions being taken into account. States Parties still need to demonstrate what they are doing to increase the capacity of survivors' organizations and to enhance their meaningful participation in all relevant matters.

Work together with livelihood actors to ensure access to employment, training, and other income-generation support activities. Support to increase economic inclusion for survivors and indirect victims was reduced noticeably in many of the States Parties over the past few years, leaving significant gaps where opportunities for livelihoods are most needed.

Develop Action Plans and Coordination Committees for Victim Assistance: In 2017-18, only 13 of the 33 APMBC States Parties with the responsibility for a great number of victims had victim assistance plans or relevant disability plans in place, whilst this is mandated by the 2014-19 Maputo Action Plan (developed in the Third Review Conference of the States Parties to the APMBC). In 2017, 21 of those same 33 States

Parties had active victim assistance coordination mechanisms linked with disability ones.⁷ The multi-stakeholder process of developing a plan is key to implementing the obligations.

15. The UN and Victim Assistance: Leave no one behind.

The UN Strategy on Mine Action for 2019-2023 proposes to strengthen its advocacy and coordinating role for sustainable support to survivors, family members and communities directly and indirectly impacted by explosive ordnance, consistent with the 2016 UN Victim Assistance Policy and relevant international humanitarian laws and conventions, as well as the UN global commitment to “leave no one behind”. The United Nations will enhance its assistance to victims—understood as individuals (people injured and survivors), family members and communities directly and indirectly impacted by explosive ordnance—in accessing needed health, protection, rehabilitation and psychosocial support services and ensuring their inclusion in social and economic life. During the 2019-2023 period, UN activities will be progressively expanded and scaled up geographically and sectorally in response to needs and requests, and subject to the availability of financing.

UN assistance will be provided in accordance with international humanitarian law provisions relating to victim assistance, relevant international human rights instruments (including the CRPD, the Convention on Elimination of Discrimination Against Women and the Convention on the Rights of the Child). The approach of the UN will be based on core principles including protecting the rights of those who have survived or been affected by explosive ordnance; promoting their participation and empowerment in social and economic activities; and ensuring respect for and safeguarding of their dignity. The UN will prioritize an integrated approach by advocating for, facilitating and supporting comprehensive and multi-sector national responses and, where necessary and subject to the availability of capacities and resources, addressing critical gaps in sectoral assistance, while taking into account the specific needs and priorities of men, women, girls and boys.

16. Three Key Principles of Victim Assistance:

- Ensure that services supported with victim assistance earmarked funding are *non-discriminatory*. Such support should not lead to the development of a parallel system of services. Instead, support should be focused on programmes for the wider population of persons injured or with disabilities, including victims of explosive ordnance.
- Ensure *a human rights approach to victim assistance*. This means that the end goal of victim assistance is ensuring the full and effective participation of

⁷ [Landmine Monitor 2018: Victim Assistance](#).

survivors and indirect victims in society, on an equal basis with others. This entails the highest attainable standards of health, rehabilitation, psychosocial support, inclusive education, work and employment, full participation and inclusion in society and adequate standard of living and social protection.

- ***Integrate victim assistance into broader humanitarian and development efforts***, including on health, mental health, rehabilitation, social services, education, employment, social protection, human rights, gender equality, development and poverty reduction.