

**Cluster Munition Coalition Statement on Victim Assistance
Fifth Meeting of States Parties to the Convention on Cluster Munitions
San José, 4 September 2014**



Thank you Mr/Madam President.

We will address some of the questions put forward in the San José Progress Report.

States Parties to the Convention have a legal obligation to assist the victims of cluster munitions. They must not discriminate against or among cluster munition victims, or between cluster munition victims and people who have suffered from other causes. Research by the Cluster Munition Monitor shows that for most countries where discrimination is reported, it is due to preferential treatment for veterans or against particular gender, age, or regional groups, rather than differences in treatment based on the cause of disability or the type of weapon that caused injury.

No discrimination in the provision of services that favors cluster munition victims in States Parties was identified by the Monitor in its most recent report. But concerns about positive discrimination towards cluster munition victims continue to be raised by States Parties. They seem to be in part because cluster munition victims, and other survivors of landmines or explosive remnants of war, are sometimes perceived as attracting more attention than other persons facing similar barriers. Our research shows that this attention has not resulted in differences in the provision of services. Rather, it has contributed to making more resources available for people with similar needs in affected communities. If some have documented examples showing otherwise in 2013-2014, it would be good to hear these specific examples.

So how can States Parties ensure that victims of cluster munitions access the services they need on an equal basis to others? Victims often struggle to access mainstream services both because they live far from services, and they are poor. Special efforts are needed to ensure that victims are not left behind in accessing specialized health care or securing employment.

In several states such as Cambodia, Iraq and Mozambique, needs assessments have identified members of communities most urgently in need of health care or rehabilitation, but unable to reach or afford this care. In some cases NGOs carrying out these surveys have been able to then facilitate access to services, whether for survivors of cluster munitions, victims of armed conflict, or other persons with disabilities.

In Uganda, a signatory state, there was a government grant program for persons with disabilities. But survivors of victim-activated explosives were unaware of the program and often lacked the basic skills needed to apply. In cooperation with a national survivor network, the government changed the program's guidelines. The survivor network provided business training and spread the word about the program among local survivor groups. Within the small geographic area where these efforts were made, the outcome was positive. Local survivor groups made successful applications for grants in 2013 and started small businesses.

In my country, Tajikistan, our survivor network, working with the government, developed a peer support program that targeted the specific psychological trauma experienced by cluster munition victims, and helped them to overcome this trauma in a cost effective way. As survivors ourselves, members of the network were uniquely suited to provide this support.

In Iraq, the ICRC made a targeted effort to assist women heads-of-households whose spouses were victims of conflict, including victims of cluster munitions and other explosives, to register for benefits and access grants to start small businesses. This helped women overcome discrimination that prevented them from benefiting from social protection and employment programs.

Such actions show how the needs of cluster munition victims can be addressed without discriminating against other people with similar needs. Addressing the needs of all victims, such as women with disabilities or families of persons killed, can be approached in a similar way - determining if and why these people may be excluded from mainstream programs, and developing measures to overcome barriers or developing new programs when needed.

Linking efforts under the CCM to activities promoting the rights of victims under other instruments, such as the Convention on the Rights of Persons with Disabilities or national development efforts remains essential for efficiency and sustainability. Important progress has been made in Afghanistan, Albania, Bosnia and Herzegovina, Mozambique and Uganda, to coordinate and combine the promotion of the rights of cluster munition victims and the rights of persons with disabilities. Unfortunately, most of these efforts remain weak and under-resourced. Greater priority and more national resources must be dedicated to enforce existing national legislation to protect the rights of victims and persons with disabilities.

Thank you.