A CONSULTATIVE PROCESS FOR IDENTIFYING NEW OPPORTUNITIES FOR THE STANDING COMMITTEE ON VICTIM ASSISTANCE AND SOCIO-ECONOMIC REINTEGRATION

The Standing Committee on Victim Assistance and Socio-Economic Reintegration has made significant progress in achieving its mandate to identify practical means to assist States in meeting their obligations under Article 6.3 of the Convention by assisting in the care and rehabilitation of landmine survivors. This has been due in large part to the leadership of the past Co-Chairs as well as the efforts of a vast number of States Parties and organisations. Aside from the important exchanges of information at each meeting, the Standing Committee has made progress by articulating agreed principles on matters such as the definitions of “landmine victim” and “victim assistance”, and on the relationship of victim assistance to broader health care and disability contexts. In addition, the Standing Committee has done an admirable job in promoting discussions on best practices and in undertaking initiatives such as the Raising the Voices of Landmine Survivors project and the identification of focal points.

Looking to the future, however, by the time of the 2004 Review Conference there will be an expectation that even more progress will have been made. Yet the challenges faced by the Standing Committee in focussing its efforts are vast. The field of victim assistance is extremely broad, with many elements, diverse and vast numbers of actors, and established and potential linkages to other areas such as the health sector, human rights and economic and social development.

There is no shortage of opportunities to act. However, in order to ensure that the work of the Standing Committee remains relevant, effective and efficient, there is a need to focus efforts and harness the unique attributes of the Standing Committee, including its diversity, expertise and commitment to the issue. The Co-Chairs therefore believe there would be a benefit if a consultative process proceeded over the next eight months with a view to: articulating a concise and understandable set of critical issues in the field of victim assistance; identifying concrete progress that can be made by 2004 and beyond; and, most pertinently, identifying the Standing Committee’s particular niche in contributing to progress.

The outcome of this consultative process should support the Committee’s assessment of its future directions by providing a menu of options for making meaningful future contributions. Rather than being directive and static, it should be suggestive and dynamic, evolving with the ongoing input from the Standing Committee. In addition, rather than predetermining the work of the Standing Committee, it simply should provide guidance which could include a suggested path leading to measurable results in time for milestone events or junctures like the 2004 Review Conference. As well, what flows from this process could inform the broader mine action community and indicate where efforts by the Standing Committee may duplicate existing efforts and processes, thereby avoiding wasteful duplication and ensuring a broader awareness of useful resources.

At the 29-30 October 2001 Standing Committee planning workshop in Ottawa, at the suggestion of the ICBL Working Group on Victim Assistance and with the support of the Co-Chairs, UNMAS was asked to coordinate this consultative process, with substantive expertise being contributed principally by others. UNMAS was asked to undertake this role because what is needed is a facilitator of a process who acts impartially without having a particular vested interest in any aspect of victim assistance. UNMAS meets these requirements. Moreover, it has competency in the area of coordination and facilitation – the primary attributes required.
It was felt that this process must involve a broad range of input from interested Standing Committee participants – including national health and human rights authorities in affected countries – as well as other relevant organisations that may not have yet participated in the work of the Standing Committee. As well, it was felt that this process need not be cumbersome or expensive but rather could proceed in an inclusive and pragmatic manner using a variety of efficient means (e.g., email, questionnaires, in-person meetings, conference calls et cetera).

To be effective, this consultative process would cover the following four core areas, with the first three of these areas providing the necessary context to the fourth area – which is the ultimate purpose of this exercise:

a. Critical issues related to the Convention obligation to assist in the care and rehabilitation of landmine survivors;
b. Targets for addressing various critical issues – that is, what is it that the victim assistance community would consider beneficial to strive towards over time?;
c. Actions that could be taken to proceed towards these targets; and,
d. Particular contributions that the Standing Committee could consider undertaking.

The framework of topics for this process should be one that is already recognised internationally as it is used by both the ICBL Victim Assistance Working Group and organisations like Handicap International in their articulation of the organisation of the key components of victim assistance. For each of the topics, key participants should be identified and efforts should be made to focus their attention on the particular role of the Standing Committee.

Work could proceed in such a way that a progress report would be presented to the Committee in May, with a more complete prepared in time for the Fourth Meeting of the States Parties to the Convention in September.

Conclusion:

The Standing Committee on Victim Assistance and Socio-Economic Reintegration has an extremely broad mandate but one which is the least well defined of all the Standing Committees. By allowing the Standing Committee to harness the widest range of ideas and expertise in a reasonably efficient and systematic manner, this consultative process could ensure that its future work fulfils this mandate and provides real benefits to the victims of landmines.

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1 These components are:

i. First aid and emergency medical care
ii. Hospital and continuing medical care
iii. Physical rehabilitation including prosthetics, assistive devices and physiotherapy
iv. Psychological and social rehabilitation
v. Economic reintegration
vi. Capacity building and sustainability
vii. Legislation and public policy to protect the rights and enhance the lives of persons with disabilities
viii. Accessibility
ix. Data collection