Standing Committee on Victim Assistance
and Socio-Economic Reintegration

Update on Activities of the Victim Assistance Experts

6 June 2008

Co-Chairs, Excellencies, ladies and gentlemen

Thank you for the opportunity to provide this update on behalf of my colleagues who participated in the parallel programme organised by the Co-Chairs for victim assistance experts.

Since this Standing Committee adjourned on Tuesday afternoon, 15 health, rehabilitation and social services professionals representing 14 of the 25 States Parties that have reported responsibility for significant numbers of landmine survivors, 11 experts with disability, and other victim assistance experts, have been actively engaged in meetings to discuss some of the key components of victim assistance.

The programme was organised in a series of 90 minute sessions focused on particular issues. We were especially grateful for the interpretation services during the 2 days of meetings which enabled us to communicate freely.

In preparing for the programme the Co-Chairs took into account some of the recommendations made by victim assistance experts participating in the 8MSP in Jordan, including more technical discussions and an opportunity for experts to provide more detailed updates on their activities.

The Co-Chairs told us their objective was that the parallel program would stimulate discussion and increase the knowledge of the expert participants on key components of victim assistance. I can assure the Co-Chairs that their objective was achieved.

The various sessions focused on emergency surgical care, physical rehabilitation, community based rehabilitation, the steps to implement the Convention on the Rights of Persons with Disabilities at the national level, and peer support. The sessions were facilitated by experts on the particular issue. Practical experiences of particular States were also shared.

Of special interest was the session on peer support chaired and facilitated by the experts with disability. During this session the experts provided their personal feeling in overcoming the difficulties after the accident. In their presentations they shared their knowledge and expertise in providing the peer support, the advantages and the limitations. They provided concrete
examples and positives stories of the survivors, who not only overcame the trauma, but became a model and encouragement for the others.

The victim assistance experts would also like to thank Dr. Meena Cherian from the WHO's Global Initiative on Essential Emergency Surgical Care, Claude Tardif from the ICRC, Chapal Khasnabis from the WHO's Disability Unit, and Simon Walker for the UN Office of the High Commissioner for Human Rights. We also thank the Co-Chairs for the development of tools such as the checklist and the victim assistance resource section, which will assist our work at the national level.

Special thanks go to Ms. Sheree Bailey, Victim Assistance Specialist at the ISU for her contribution, dedication and expertise, not only during the Meetings of the Standing Committees but during the whole period leading to these meetings.

The experts will meet again at lunchtime today to look forward to the 9MSP and discuss suggestions for future activities. We hope the Co-Chairs will take due note of all our suggestions and will consider appropriate ways forward.