



**The Anti-Personnel Mine Ban Convention
Nineteenth Meeting of the States Parties (19MSP)
15-19 November, The Hague**

Statement by Sri Lanka

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Agenda Item 10.a) Assisting the victims: Conclusions and recommendations related to the mandate of the Committee on Victim Assistance

Thank you Mr. President,

- Since this is the first time that my delegation is taking the floor allow me to congratulate you on your assumption of the Presidency and to assure you the fullest support of my delegation.
- We thank the Committee on Victim Assistance for their efforts and for the informative report they presented on the work carried out by the Committee.
- We would like to take this opportunity to update this meeting of the continuous efforts taken by Sri Lanka on victim assistance.
- Sri Lanka experienced a major reduction in mine accidents during the last ten years with only three mine related accidents recorded in 2020 and in 2021 so far.
- We recognize that women, girls, boys and men may be affected differently by mine/ERW contamination due to their roles and responsibilities and might therefore have specific and varying needs and priorities. Therefore we make every effort to ensure gender and diversity considerations are taken into consideration in the planning, implementation and monitoring phases of mine clearance.
- The establishment of a hospital based injury surveillance system in Sri Lanka is considered a milestone of the National Mine Action program . Non-Communicable Disease unit (NCD) of the Ministry of Health initiated the establishment of a Hospital based injury surveillance system during 2016 with the support of UNICEF Sri Lanka. The objective of this system is to record all accidents reported to hospitals in any part of the country including mine and ERW incidents .
- Currently in Sri Lanka, we are using both IMSMA and hospital based injury surveillance system to collect information on mine victims and to provide further follow-up support.
- As per the present status, Hospital based injury surveillance system was expanded to 116 government hospitals in the country and it will be further expanded to cover the entire country. This system includes both inpatient and outpatient admissions to the hospitals ensuring sustainability of the program

and relevant support to victims in the long run.

- Furthermore, the NMAC maintains a database on mine/ ERW victims and has initiated a survey to identify mine and ERW victims in Northern, Eastern and North-Central provinces. So far, the need assessment survey in five districts has been completed and 403 mine and ERW victims were identified up to date.
- This survey, in addition to disaggregate data of victims by gender, age and disability also includes a need assessment component. As per the findings of the survey, NMAC has allocated Rs 18Mn in year 2021 to provide immediate assistance to the identified mine and ERW victims.
- NMAC has also commenced raising awareness on victim assistance as an obligation among partners.
- The Ministry of Health has proposed a National Mental Health Strategy and it is being finalized. This will draw experiences of the landmine survivors and others in rural areas who have been exposed to traumatic situations.
- Furthermore, persons with disabilities, including landmine survivors where relevant, and their representative organizations were involved in consultations carried out at the provincial level on ways to update the National Action Plan on the Equalization of the Rights of Persons with Disabilities to bring it in line with Sri Lanka's obligations under the Convention on the Rights of Persons with Disabilities. Sri Lanka is in the process of drafting a new Bill on the Rights of Persons with Disabilities. The Draft Bill is envisaged to further the current victim assistance efforts by incorporating rights enshrined in the UN Convention on Rights of Persons with Disabilities.
- Another important aspect of victim assistance is provision of physiological support. The Mental Health Network is organized across all national hospitals and fully functioning. Basic counselling services are also available in all national hospitals. The Mental Health Unit of the Ministry of Health, has initiated counselling services at each district level by training all field level health staff commencing from the position of Medical Officer of Health downwards to other officers. The Northern Province on the other hand has extensive mental health services.
- Currently there are a few non-governmental organizations as well working exclusively in the counselling sector in the Northern province.
- As we are next in line for the completion of mine clearance, victim assistance and follow up will remain one of our main priorities throughout our humanitarian demining program including through addressing the immediate and long-term needs of mine accident survivors, their families, mine-affected communities and persons with disabilities.

Thank you Mr. President.