What is Victim Assistance

Victim assistance is a legal obligation for States Parties to the Convention on Cluster Munitions that have cluster munition victims on their territory.

As defined in the Mine Ban Treaty, a Humanitarian treaty similar to the Convention on Cluster Munition, VA is one of the Pillars of Mine Action.

Whereas the other pillars of MA have specified time frame, VA alone does not have a specified time frame for its implementation. Survivors will need VA for life.
Components of Victim Assistance

- Medical care;
- Rehabilitation;
- Psychological support;
- Social inclusion;
- Data collection; and
- Laws, regulations and policies.
Related Treaties

Related Treaties with Victim assistance legal obligations that complement each other include:

• The Mine Ban Treaty (1997)
  First international treaty to recognize the needs of victims.

• Convention on the Rights of Persons with Disabilities (2008)
  Promotes, protect and ensures the full and equal enjoyment of all human rights by all persons with Disabilities

• Convention on Cluster Munitions (2010)
  Article 5 of the CCM places the onus on states with respect to victims and survivors in areas under their jurisdiction or control.
Synergies Between VA and CRPD

Now linked with the CRPD, VA should be integrated into broader national policies, plans and legal frameworks that cuts across all disability related fields for its sustainability and more so as funding for VA is on the decline.

Survivors should have equal access to services available to the wider population, and also have access to specialized services when needed.

To help states plan and monitor progress on VA, Comprehensive Plan of Action on VA have been developed. This however, has proved to yield very little in terms of the support directly rendered to survivors and is now being incorporated into broader disability action plans e.g. in Uganda.
Victim Assistance Models

In the past, states have used different models to address the challenges faced by survivors as well as persons with disabilities:

- **Charity model** of disability was used to mobilize aid and charity. Takes people as victims of circumstance, deserving pity. This model was seen as reinforcing negative stereotypes of PWDs rather than seeing them as people with capacities who are equal members of society.

- **Medical model** holds that disability results from an individual person’s physical or mental limitations and is largely unconnected to social or geographical environments.

- **Social model** offers a broader perspective, identifying discrimination within society as the major barrier to inclusion and,

- **Rights based** model – which emphasizes independence of PWDs. This has been achieved through political movements. This is viewed as an empowering concept which challenges the root causes of exclusion by seeing PWDs as agents for development.
Rights Based Model

Through Victim Assistance, survivors and other people with disabilities can claim or request for their rights to be respected, have access to quality physical and functional rehabilitation services, & psychosocial support as well as having access to all services that can enhance their quality of life. These include but not limited to: services that support the development of livelihoods, education, security, protection from disasters and adaptation to climate change, political participation, etc.
Dubrovnik Action Plan

• As part of the Dubrovnik Action Plan, states are encouraged to strengthen their national capacities to provide assistance to victims on a non discriminatory basis. To provide such assistance adequate resources both financial and human must be mobilized to cater for the long term support that survivors need.

• States are also expected to involve victims and their organizations actively in policy making in a gender sensitive manner. States should also support organizations of survivors and help build their capacity for sustainability and as a way of demonstrating ownership and responsibility. Victims should be included in decision making process on issues that affect them as well as in program planning and implementation and monitoring
Good Practices

• The Ministry of Gender, Labour and Social Development: ‘Mother Ministry’ to persons with disability has the role of coordination. This is done through meetings with DPOs and survivor organizations are included.

• National Council for Disability, is a body established by Act of Parliament. It is mandated to monitor and evaluate Government and non-Governmental organizations to ensure that policies and programs designed are offering quality service and promoting full participation of persons with disabilities.

It has representatives at both national, district and sub county level.
Survivors are represented at all levels
In Uganda, Victim Assistance Plan of Action as related to the MBT was developed together with input from survivors, disabled persons organization as well as victim assistance operators and related stakeholders. The involvement of survivors in developing the plan of action demonstrated inclusiveness and took into consideration concerns of all stakeholders involved.

Survivor groups have participated in coordination meetings when they were held and contributed to deliberations that helped government to move in the right direction towards fulfillment of its obligation not only to survivors but persons with disabilities in light of the CRPD.
Good Practices

• In Uganda, the government assumed greater responsibility for some services (following departure of international organizations), particularly physical rehabilitation with many of the rehabilitation centers requesting cost sharing, but was unable to fill the gaps left by program closures. In 2012, the Ministry of Health assumed responsibility from international organizations for supplying materials and components at several rehabilitation centers. Government-purchased prosthetic materials were of a lower quality, thereby directly affecting the quality of prosthetic devices. The Ministry of Health indicated that it was “struggling to sustain services
Successful VA Implementation

VA is best achieved through:

• Continued advocacy and awareness raising to advance the recognition of survivors rights, provided by the conventions.

• Fighting discrimination and implementing measures to make service inclusive of disability and other vulnerability. All types of impairments, gender and age, must be considered to ensure services are adapted to the needs and conditions of people.

• Provision of support mechanisms for those who cannot access services on equal basis with others.

• An integrated approach to disability taking into considerations its various aspects.
Where programs are already in place for persons with disabilities, Victim Assistance can be part of such programs, it should not require developing new fields for intervention.

TAKE ACTION WHERE EVER YOU ARE AND MAKE VA A REALITY TO SURVIVORS

THANK YOU