



Victim Assistance assessment team visiting women with disability at their homes in Kassala (Picture by UNMAS, 2021)

Victim Assistance in Sudan

Joint Situational Assessment

United Nations Mine Action Service (UNMAS) National Mine Action Centre of Sudan (NMAC) High Council of Persons with Disability (HCPD)



1. Victim Assistance in Mine Action

Victim Assistance is one of the pillars of mine action

Victim Assistance (VA) is a **state's obligation** to ensure that **victims and/or survivors of explosive hazard accidents** receive appropriate assistance. Sustainable VA interventions require both short and long-term solutions with the final aim to improve the quality of life of the affected people

Victim Assistance Main Components

- Data and Information Management
- Emergency and continuing Medical Care
- Rehabilitation
- Psychosocial and Psychological support
- Socio-economic Inclusion
- Lows and Policies Advocacy
 - Integration of a response to the needs of victims in the development of legal and policy frameworks.

Non-discrimination: VA intervention must be provided on the basis of the needs and not on the cause of disability

2. Assessment Methodology and Results



Assessing existing VA strengths and gaps: a 6 steps journey for 3 strategic outputs

Joint assessment Consultation with Literature review Mapping of in **South High Councils** Review of **Consultation** of available services and **mapping** of **stakeholders** at Kordofan, Blue and Unions of existing VA and coordination current the **national level** Nile, South practices **Persons with** interventions mechanisms Darfur, Kassala **Disabilities Strategic Framework for Project Concept Note for Comprehensive Assessment Report Institutionalizing Victim Assistance in Implementing the New Strategic** Mine Action Framework



3. Assessment Key Findings

The join assessment identified a total of 6 major findings attributable to the existing VA practice in Sudan

Data and

knowledge about the extent of the issue

Emergency and continuous medical care services

3

Access to physical and functional rehabilitation

Access to psychological support

5

Social **Inclusion**

6

Gender Considerations

- Information on survivors only found in the IMSMA database but it needs to be updated and completed
- No data management within MoSD
- No data generated by MoH
- No data in humanitarian multisector needs assessments

- First responders are community members and volunteers of the SRCS
- State /police/ military hospitals cooperate to handle most of emergency cases
- Blood supply is available, but needs campaigns for donors
- Early detection & referrals are very limited

- Range and quality of services vary according to availability and capacities of P&O technicians
- Main barriers for persons with disabilities to access services:
 - Lack of information on referrals
 - Transportation costs
 - Lack of accommodation facilities

- Some unions show experience in providing family counselling and peer-to-peer support
- Mental Health Departments in state hospitals exist but with limited capacities
- A few organisations member of protection network provide counselling services for persons who have experienced traumatic situation

- Access to education: low inclusion of persons with disabilities
- Child protection: no clear pathways for child survivors
- Access to social **protection:** mostly provided through foreign assistance and the Zakat
- Access to livelihood development support: major livelihood & food security programmes target persons with disabilities (15-20%)

- Women with disabilities face double discrimination
- Women with disabilities are under**represented** in some of the High Commission and in Unions.
- Women with disabilities receive less support than men with disabilities
- Displaced female headed household less supported in communities



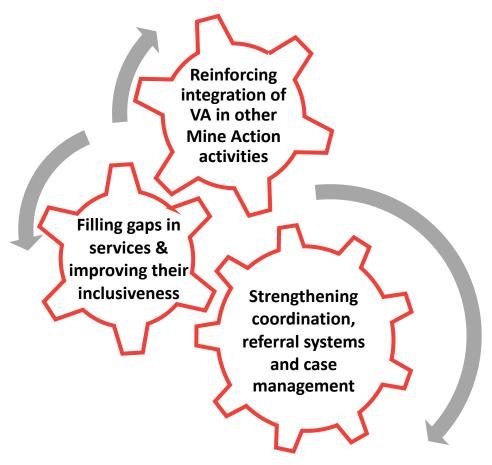
4. Recommendations for improving Victim Assistance in Sudan

Ensure immediate and sustainable long-term support that addresses

the rights and the needs of EO victims

Shifting:

- From a specific Victim Assistance approach to an integrated approach
- From project delivery to focusing on how to best manage impact and change
- From individualized to personalized approach
 - Gender and Diversity Consideration
 - Developing Operational Capacities





Thank you Q&A