

# **EMBEDDING VICTIM ASSISTANCE IN BROADER DEVELOPMENT FRAMEWORKS**

**AT THE NATIONAL VICTIM ASSISTANCE DIALOGUE**

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**BY**

**B.N.KAGGYA**



# Introduction

- Uganda ratified the Convention on the Anti-Personnel (AP) Mine Ban Treaty) on the 25<sup>th</sup> February, 1999 and it came into force in August 1999.
- The main obligations of the AP Mine Ban Treaty can be summarized as: stop all use, production and transfer of antipersonnel landmines; clear all mined areas within 10 years of entry into force of thereafter destroy all antipersonnel mines in stockpiles within four years of entry into force; provide mine awareness programs; and assist the victims of landmines.

# Introduction

- Victim Assistance is basically in the context of the Mine Ban Treaty, the Convention on the Rights of Persons with Disabilities, ratified on 25<sup>th</sup> September, 2008 and, the Convention on Cluster Ammunitions signed on the 3<sup>rd</sup> December, 2008
- Further, it is context of the the SDGs, CRPD, MAPUTO Action Plan, Constitution of Uganda (1995), NDP II, SDIP, Social Protection Policy, NPOD,ational for appropriate service delivery and inclusion of all.

# Victim Assistance

- Article 6.3 of the AP Mine Ban Treaty states that “each State Party in a position to do so shall provide assistance for the care and rehabilitation, and social and economic reintegration, of mine victims....”
- Landmine victims are “those who either individually or collectively have suffered physical or psychological injury, economic loss or substantial impairment of their fundamental rights through acts or omissions related to mine utilization

# Components of Victim Assistance

- Victim Assistance has the following areas of focus;
- i) Understanding the extent of the challenges faced for example through appropriate data collection;
- ii) Emergency and continuing medical care; Physical rehabilitation, including physiotherapy, prosthetics and assistive devices;
- iii) Psychological support and social reintegration;
- iv) Economic reintegration; and,
- v) Establishment, enforcement and implementation of relevant laws and public policies.

# Principles

- **Non discrimination** . The call to assist landmine victims should not lead to victim assistance efforts being undertaken in such a manner as to exclude any person injured or disabled in another manner.”
- **ii) Mainstreaming** Victim assistance does not require the development of new fields or disciplines but rather calls for ensuring that existing health care and social service systems, rehabilitation programs and legislative and policy frameworks are adequate to meet the needs of all citizens – including landmine victims.
- **iii) . Inclusion** Assistance to landmine victims should be viewed as a part of a country’s overall public health and social services systems and human rights frameworks;” and,
- **iv) Providing adequate assistance to landmine survivors must be seen in a broader context of development and underdevelopment...”**

# Principles cont'd

- Using the Human Rights Approach, Uganda Government has continued to fulfill its obligation in VA by putting in place structures and directing all important activities of care, rehabilitation, socio-economic reintegration to landmine/Explosive Remnants of War Survivors and other Persons with Disabilities using a twin-track approach
- Specific targeted programs (SGPWDs, Vocational Training, Community Based Rehabilitation, Victim Assistance) and by advocating for the mainstreaming of disability issues in other development programs.



# Victim Assistance in the in the broader context

- Data Collection, assessment of needs and gaps – MGLSD in collaboration with UBOS (Census 2014, Uganda Functional Difficulties Survey(2018) Data Collection Tool which has fully integrated information on survivors).

MGLSD carried out a baseline survey in 2009 and over 1,774 survivors identified (1,206M, 568F); 512 service providers were identified in the north & 98 were mapped in one of the districts western part of the country.

- Emergency and continuing medical care –MOH briefed us on emergency and continued medical care being handled within existing healthcare system. The challenges remain around the physical rehabilitation within the broader system.

-1,058 survivors accessed medical treatment for various complications related caused by landmines.

# Physical Rehabilitation

- In availability of assistive and expensive devices, need for replacement especially for child survivors and other children with disabilities.
  - 682 Survivors and other persons with disabilities have been provided with assistive devices.
- Psychosocial support: - MGLSD developed a Training Manual for community workers but need to popularize it and follow up on its utilization.
  - Over 2,000 survivors benefited from psychosocial support but there is need to popularize this manual.

## Economic Empowerment

- 818 survivors have benefited from livelihood support initiatives and gained various apprenticeship skills.



# Rehab Services



# VA in broader context

- CRPD - Article 27, Right to work and Employment
- Government implements mainstream development programs;
- Northern Uganda Social Action Fund (NUSAF III), Operation Wealth Creation (OWC), Youth Livelihood Program (YLP - 2000 PWDs), Uganda Women Empowerment Program (UWEP) - (800 WWDs) but data is not disaggregated. Need to disaggregate data especially for planning, decision making.

# Policies and Laws

- Inclusion of VA in broader policies and programs
- Dialogue to guide the policy .National Policy on Disability is a framework to guide all interventions towards disability
- Appropriate time to articulate issues of landmine survivors and other Explosive remnants of war to embed in the policy and National Action Plan to operationalize the policy

# Recommendations

- Specific surveys on the situation of survivors (Basic information such as Numbers of Survivors, Age, Gender, Location, Education level, Marital status, Occupation, Assistance ever received, Distance to service, status of Assistive device if any, Skills, Predominant injuries, Urgent needs .
- Awareness raising to all policy makers and service providers to take on VA and broader disability in the context of CRPD of non discrimination and SDGs of Inclusion
- Incorporation of areas of focus areas on VA in the forthcoming reviewed National Policy
- Specific efforts to mainstream VA in policy and legal frameworks and Strategic Plans of sectors
- Ensure that indicators on VA and other Persons with Disabilities are included in the data base of Community Health Extension Workers and other programs.
- Lobby and advocate for budget allocations to operationalize the activities in VA

# The End

*Thank you for listening*

