

## **PRELIMINARY OBSERVATIONS**

### **STATUS OF IMPLEMENTATION – SOUTH SUDAN**

#### **COMMITTEE ON VICTIM ASSISTANCE**

(Italy, Chile, Sweden and Thailand)

Intersessional Meetings

30 June – 2 July 2020

#### **Observations of the Committee on the information submitted by South Sudan**

1. The Committee welcomes the submission by South Sudan of updated information on its victim assistance activities. Based on the information provided, the Committee presents the following preliminary observations.

#### **Mine casualties in 2019**

2. The Committee observed that South Sudan reported 51 casualties with 8 killed (5 boys and 3 men) and 43 injured (19 boys, 3 girls, 12 men and 9 women). South Sudan reported registering 559 mine and UXO victims between 2011 and 2019, in addition more than 4,500 victims were recorded before 2011. South Sudan indicated that it has not recorded data on indirect victims and that the actual number of mine victims which is believed to be higher, will be verified in the future.

#### **Establish or strengthen of a centralised database (Action #35)**

3. The Committee observed that South Sudan reported that there is no information management system in place for persons with disabilities, but that statistical information on mine/ERW casualties has been collected and maintained in the Information Management System for Mine Action (IMSMA) by the UN Mine Action Service (UNMAS). South Sudan indicated that the National Mine Action Authority (NMAA) recommended that the Ministry of Gender, Child and Social Welfare (MGCSW) develop a database to store information on all persons with disabilities and bring together information collected by non-governmental actors such as the ICRC, Humanity & Inclusion and Ustratuna Children Rehabilitation Centre.

#### **Integrating victim assistance into broader national policies, plans and legal frameworks and designation of a government entity to oversee the integration (Action #33)**

4. The Committee observed that South Sudan reported that the MGCSW is assigned to lead victim assistance activities. South Sudan reported victim assistance activities are coordinated by MGCSW and NMAA through the Victim Assistance Working Group with national government institutions, civil society actors, including representative organisations of persons with disabilities and international NGOs, with eight coordination meetings held in 2019. South Sudan also reported that the national Ministry of Education included the rights of children with disabilities in its efforts, in line with the 2015 National Disability Inclusive Policy.

#### **Developing and implementing measurable, realistic and time-bound national action plan (Action #33)**

5. The Committee observed that South Sudan reported that work has been underway to develop a national disability action plan – containing specific, measurable, realistic and time-bound objectives and indicators - with assistance of the European Union through technical support of the ISU and

that due to COVID-19 pandemic the process of finalisation and adoption of the plan has been delayed.

6. The Committee would welcome information on consideration of gender and diversity in the drafted action plan, and information on how resources will be mobilised for the implementation of the action plan.

**Removing barriers including physical, social, cultural, political, attitudinal and communication barriers to access such services (Action #33)**

7. The Committee observed that South Sudan reported that some efforts were made to raise awareness on the rights and needs of persons with disabilities/mine survivors and that the Ministry of Housing has produced a national accessibility standard, awaiting adoption by the parliament. The Committee would welcome information on other efforts made to remove physical, social, cultural, political, attitudinal and communication barriers in South Sudan.

**Applying multi-sectoral efforts to ensure that the needs and rights of mine victims are effectively addressed in line with the Convention on the Rights of Persons with Disabilities (Action #34)**

8. The Committee observed that South Sudan reported that victim assistance is considered in some policies and programmes but there is a need to monitor their implementation status. South Sudan reported that two inclusive stakeholder meetings were held to discuss ratification process of the Convention on the Rights of Persons with Disabilities and with follow up efforts by NMAA, MGCSW and representative organisations of persons with disabilities, in February 2020 the ratification document was provided to human rights committee of the national assembly for approval.

**Access to first aid and ongoing emergency medical care (Action #36)**

9. The Committee observed that South Sudan reported facing challenges in the field of health and medical care including first and other pre-hospital emergency responses (see paragraph 16).

**Developing national referral mechanism (Action #37)**

10. The Committee observed that South Sudan reported on the existence of a referral system among service providers, and that NMAA recommends the development of a directory of services to MGCSW/Ministry of Health.

**Access to rehabilitation services including physiotherapy, assistive devices and occupational therapy (Action #38)**

11. The Committee observed that South Sudan reported that there are three rehabilitation centres available in the country with the support of the ICRC and others. South Sudan indicated the need to expand rehabilitation centres to seven states with capacity to provide mobile rehabilitation services to remote areas. South Sudan reported facing challenges in the availability, accessibility and quality of healthcare, and that its rehabilitation programme suffers from shortages of facilities, physiotherapists, prosthetic and orthotic technicians, occupationally therapists and audiologists.

**Access to psychological and psychosocial services including peer-to-peer support (Action #38)**

12. The Committee observed that South Sudan reported that psychosocial support is available, but that it is insufficient and that peer to peer support is provided by a limited number of trained peer

counsellors with support of NGOs. South Sudan indicated the need to increase the psychological and psychosocial support and to train more peer support counsellors to meet the needs.

**Access to social and economic inclusion services, including in rural and remote areas (Action #39)**

13. The Committee observed that South Sudan reported that social services are available and accessible to persons with disabilities and older persons to a limited extent and that social and economic supports are mostly provided by the UN agencies and humanitarian NGOs. South Sudan reported lack of vocational training for persons with disabilities.

**Taking measure for safety and protection of mine survivors in situations of risks and emergencies (Action #40)**

14. The Committee observed that South Sudan reported that the needs of persons with disabilities are included in the national humanitarian response and disaster management policy, and that “persons with disabilities made 13% of 2020 humanitarian responses target, which address protection risk, seeking durable solution and building resilience and capacity to cope with the recurrent shock. South Sudan reported that humanitarian responses target hard to reach locations and enable delivery of integrated services to underserve, vulnerable population including persons with disabilities.

**Strengthening inclusion and participation of mine victims and their representative organisations in all matters that affect them (Action #41)**

15. The Committee observed that South Sudan reported that it is committed to addressing concerns of mine survivors by including their rights in the Transitional Constitution and in the 2015 National Disability Inclusive Policy to protect the rights of people with disabilities and other people with special needs. South Sudan also reported on inclusion of mine survivors and their representative organisations in the Victim Assistance Working Group. South Sudan indicated that due to funding constraint strengthening the inclusion and participation of mine survivors or their representative organisation is a challenge.

**Challenges in implementation of South Sudan’s Victim Assistance Commitments**

16. The Committee observed that South Sudan is seeking support to address the following challenges facing healthcare services:

- a) first aid and emergency medical care is not available in vicinity of affected locations because most of healthcare centres are damaged, and victims are transferred to hospitals by the ICRC and other agencies with ambulance and flight capacity;
- b) the Ministry of Health’s mental health department lacks capacity, equipment and medicine at most of the state’s health centres;
- c) the landmine survivors and others in rural areas who are exposed to a stressful event are taken to prison for protection because they threaten to kill in most cases, or temper to commit suicide;
- d) at the prisons they (landmine survivors and others) have no access to drugs and psychological support;
- e) due to lack of resources no vocational training provided to persons with disabilities;
- f) there is a need for resources to increase opportunities for further inclusion and participation of mine victims; and
- g) there is a need for resources to increase psychological and psychosocial support and to train more peer support counsellors to meet the needs.

17. The Committee would also welcome any specific proposal South Sudan may have on how the Committee and the international community could be of further support to South Sudan's efforts in fulfilling its victim assistance obligations.