

## **PRELIMINARY OBSERVATION**

### **SOUTH SUDAN**

#### **STATUS OF IMPLEMENTATION – VICTIM ASSISTANCE**

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

(Austria, Burkina Faso (Chair), the Netherlands, and Sri Lanka)

Intersessional Meetings

17-20 June 2025

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.

##### **VICTIM ASSISTANCE ACTIONS:**

**Ensure that a relevant government entity in affected States Parties is assigned as the focal point to coordinate victim assistance and oversee and enhance the integration of victim assistance activities into broader national policies, plans, budgets, and legal frameworks (Actions 30, 1 and 2)**

2. South Sudan reported that the Ministry of Gender Child and Social Welfare (MGCSW) is the lead government agency in coordinating victim assistance efforts. South Sudan reported that in 2024 five coordination meetings were conducted by the Ministry with partners to coordinate efforts in the lead up to 3 December, International Day of Persons with Disabilities.
3. South Sudan reported that some national institutions such as the MGCSW, Ministry of Education, Ministry of Health, Ministry of Humanitarian Affairs, National Mine Action Authority (NMAA), have integrated disability in their budgets and other national frameworks.

**Develop a national specific, measurable, realistic, and time-bound disability action plan (Actions 30 and 3)**

4. South Sudan reported that a disability Action plan and bill for persons with disabilities have been drafted and await approval. They will address the concerns of persons with disabilities and protect and promote their rights according to the Convention on the Rights of Persons with Disabilities (CRPD).

**Include mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level (Actions 30, 31 and 39)**

5. South Sudan reported that persons with disabilities and their representative organisations participated in the drafting processes of the action plan and the bill.

**Report on progress and challenges in implementing their national action plans (Action 30)**

6. South Sudan reported on activities carried out and challenges to address in victim assistance domain.

**Carry out inter-ministerial and multi-sectoral efforts to ensure that the needs and rights of mine and other explosive ordnance victims are effectively addressed (Action 31)**

7. South Sudan reported that the MGCSW leads coordination efforts, where disability focal points from all ministries participate and they are mandated to mainstream disability activities into their programmes, budgets, and policy frameworks in line with the CRPD. South Sudan report that most of the institutions lack capacity and they require support for capacity development.

**Identify all mine and other explosive ordnance victims and collect accurate and comprehensive information on their needs, challenges and geographic locations in a manner disaggregated by gender, age, disability, and other considerations (Action 32 and also Action 9)**

8. South Sudan reported 16 new casualties in 2024.

9. The Committee would welcome further information on casualties registered in 2024, and the total number of casualties due to mines and other explosive ordnances, disaggregated by gender, age, disability and other considerations.

**Integrate the data on mine and other explosive ordnance victims into a national centralised database, such as disability data systems (Actions 32 and 9)**

10. South Sudan reported that no centralised database exists with the MGCSW or other relevant ministries.

11. The Committee would like to encourage South Sudan to create a unified mechanism with capacity to maintain data on mine and other EO victims and other persons with disabilities.

**Provide effective and efficient context-specific emergency medical care to new casualties and improve national capacity through training, including on psychosocial first care, specialized training for health professionals and layperson first responder training in affected communities (Action 33)**

12. South Sudan reported that first aid is a challenge due to shortages of ambulances in areas affected by mines, and in most places first response is impossible due to lack of facilities.

**Ensure that mine and other explosive ordnance survivors have access to health services including in rural and remote areas (Action 33)**

13. South Sudan reported that medical care systems especially in remote and affected areas lack required facilities, therefore they are not able to handle emergency cases, thus people have to travel long distances to access healthcare services.

**Ensure that a national/sub-administrative area referral mechanism is in place to facilitate access to services (Action 34)**

14. South Sudan reported that a pathway for referrals has been developed to ensure that persons with disabilities get the services required and to enforce referral pathways, persons with disabilities are yet to be provided with a card, which is needed to facilitate their access to services.

**Create and disseminate a comprehensive directory of services available, accessible, and inclusive for all mine and other explosive ordnance victims (Action 34)**

15. South Sudan reported that it does not have a national comprehensive service directory to guide on service accessibility to mine victims.

16. The Committee would like to encourage development of a national directory of services to further facilitate mine victims' access to services.

**Efforts to increase the availability and accessibility of rehabilitation services (Action 35)**

17. South Sudan reported that in most rural and remote areas rehabilitation services including physiotherapy, prosthetic and orthotic, occupational therapy, and assistive devices are lacking. South Sudan reported that with the support of the International Committee of the Red Cross (ICRC) and Humanity and Inclusion (HI) some rehabilitation services are provided.

**Ensure to provide assistive technology (Action 35)**

18. South Sudan reported that wheelchairs, prosthetics, hearing and communication devices, crutches, etcetera are made available to mine and other EO survivors and persons with disabilities through the organisations such as HI and ICRC or self-supply.

**Increase resources and national capacity to make assistive technology affordable and accessible (Action 35)**

19. South Sudan reported that wheelchairs, prosthetics, hearing and communication devices, crutches, etcetera are made available to mine and other EO survivors and persons with disabilities through the organisations such as HI and ICRC or self-supply.

20. South Sudan reported that current national capacities for physiotherapy, prosthetic and orthotic technicians, occupational therapy and assistive devices are inadequate and that there is need to train more technicians for which financial supports are required and currently work in cooperation with the HI, ICRC, OVC (an Italian organisation) and Light for the world.

**Ensure mine victims have access to psychological and psychosocial support services including to mental health (Action 36)**

21. South Sudan reported on availability of limited psychological and psychosocial support, provided through mental health units of public hospitals in collaboration and cooperation with South Sudan's international partners.

**Efforts to make peer-to-peer support availability including by integrating it into public healthcare and other relevant systems (Action 36)**

22. South Sudan reported that no peer support is provided and that there is an effort to integrate peer to peer support into the mental health subject to mobilisation of resources.

**Meet the social and economic inclusion needs of mine victims (Action 37)**

23. South Sudan reported that MGCSW implements a national social protection policy framework and that the Ministry of General Education and Instructions through the Inclusive Education established strategic plan in collaboration with MGCSW to mobilise resources and technical assistance to support children with disabilities, and their access to education, healthcare, rehabilitation, mental health and psychological, social economic inclusion including cash transfer projects, data collection, etcetera. South Sudan reported that the coordinated efforts in this regard began in 2024 with participation of relevant national ministries, state government departments, INGOs, NGOs and UN Agencies.

**Remove barriers to the social and economic inclusion of mine survivors and affected families (Action 37)**

*24. The Committee would welcome information in this regard.*

**The number of mine and other explosive ordnance survivors and affected families accessing social and economic services (Action 37)**

*25. The Committee would welcome information in this regard.*

**Ensure the safety and protection of mine survivors in situations of risk (Action 38)**

26. South Sudan reported that the Ministry of Humanitarian Affairs and Disaster Preparedness has taken a number of measures to address the challenges of safety and protection, including:

- The National Flood Preparedness and Response Plan, developed in 2024;
- Flood protection guidance, preparedness and response plan developed in 2024; and
- The Humanitarian Needs and Responses Plan developed in 2025.

**Increase inclusion of and access by mine victims into programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection (Action 38)**

27. South Sudan reported that the Ministry of Humanitarian Affairs included representatives of persons with disabilities in the development of the response plans.

**Improve accessibility and strive to remove physical, social, cultural, political, attitudinal, and communications barriers (Actions 39 and 37)**

28. South Sudan reported that persons with disabilities face accessibility challenges including physical, social, cultural, political and communication barriers that hinder their inclusion and participation both at national, state and rural remote areas. South Reported that a limited number of persons with disabilities are included in parliament and have access to employment, schools and other services.

**Include survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels (Actions 39, 38 and 30)**

29. South Sudan reported on inclusion and participation of persons with disabilities and mine survivors in some policy development and other activities, and that progress is made as a result of advocacy by the representatives their organisations.

30. South Sudan reported that the National Union of persons with disabilities has established State Union of persons with disabilities in ten states and three administrative areas, which has helped with participation of persons with disabilities in rural and remote areas. South Sudan reported that a mine survivor network will be developed.

**CROSS - CUTTING ACTIONS:**

**Demonstrate high levels of national ownership, partnership and coordination (Action 1)**

31. South Sudan reported on efforts such as drafting of a national action plan and a national bill as well as engagements of national ministries to enhance children with disabilities including mine survivors to education, demonstrating national ownerships.

**Ensure that gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors, are considered (Action 5)**

32. The Committee would welcome an update in this regard.

**Allocating national financial commitments for victim assistance implementation (Action 40)**

33. South Sudan reported that all the government institutions are advised to plan for disability mainstreaming within the national budget to collaboratively support disability activities in all levels of government as no one institution can meet all requirements of the CRPD.

**Having a resource mobilisation plan (for victim assistance) in place (Action 41)**

34. South Sudan reported that the national disability action plan will serve as a resource mobilisation plan.

35. South Sudan expressed interests in taking the advantage of the Individualised Approach to mobilise cooperation and assistance for victim assistance.

SRAAP country reporting tracker							
Victim Assistance							
South Sudan							
Actions	Indicators	2025	2026	2027	2028	2029	Additional information or clarification requested by the Committee
30	% of affected States Parties that report on the relevant government entity assigned as the focal point to oversee and enhance the integration of victim assistance into broader national policies, plans, budgets, and legal frameworks to ensure its sustainability, including following Article 5 completion;						
	% of affected States Parties that report having an inclusive national action plan in place considering mine and other explosive ordnance victims, gender, age, disability, and other considerations and containing specific, measurable, achievable, realistic, and time-bound objectives;						
	% of affected States Parties that report including mine and other explosive ordnance victims or their representative organisations, in victim assistance planning and implementation at the national and local level;						
	% of affected States Parties that report on progress and challenges in implementing their national action plans.						
31	% of affected States Parties that report having in place an interministerial and multi-sectoral coordination mechanism to ensure that the needs and rights of mine and other explosive ordnance victims are addressed;						
	% of affected States Parties that report including the needs and rights of mine and other explosive ordnance victims in relevant national policies, legal frameworks, and budgets.						
32	% of affected States Parties that report on efforts to identify mine and other explosive ordnance victims and disaggregate victim data by gender, age, disability, and other considerations;						The Committee would welcome further information on casualties registered in 2024, and the total number of casualties due to mines and other explosive ordnances, disaggregated by gender, age, disability and other considerations.
	% of affected States Parties that report the inclusion of data on mine and other explosive ordnance victims in a national centralised database such as disability data systems and make data available to relevant stakeholders in accordance with data protection regulations/measures.						The Committee would like to encourage South Sudan to create a unified mechanism with capacity to maintain data on mine and other EO victims and other persons with disabilities.
33	% of affected States Parties that report having a mechanism in place to ensure an efficient and effective emergency response to new casualties;						
	% of affected States Parties that report on availability and accessibility of health services, including in rural and remote areas.						
34	% of affected States Parties that report having a national/sub-administrative referral mechanism in place which is available, accessible, and inclusive for all mine victims;						
	% of affected States Parties that report having a comprehensive directory of services available, accessible, and inclusive for all mine victims.						The Committee would like to encourage development of a national directory of services to further facilitate mine victims' access to services.
35	% of affected States Parties that report on efforts to increase the availability and accessibility of rehabilitation services;						
	% of affected States Parties that report on the provision of assistive technology;						
	% of States Parties that report on efforts to increase resources and national capacity to make assistive technology affordable and accessible.						

36	% of affected States Parties that report on mine and other explosive ordnance survivors and affected families accessing mental health and psychological support disaggregated by gender, age, disability, and other relevant factors;						
	% of affected States Parties that report on the provision of and integrating peer-to-peer support into public healthcare and other relevant systems.						
37	% of affected States Parties that report on efforts to remove barriers to the social and economic inclusion of mine survivors and affected families;						The Committee would welcome an update in this regard.
	% of affected States Parties that report on programmes for inclusive employment, livelihoods, and other social protection services;						
	% of affected States Parties that report on the number of mine and other explosive ordnance survivors and affected families accessing social and economic services, disaggregated by gender, age, disability, and other relevant factors.						The Committee would welcome an update in this regard.
38	% of affected States Parties that report integrating the safety and protection of mine survivors in their emergency/humanitarian response and preparedness plans;						
	% of affected States Parties that report on mine victims' inclusion and accessibility to programmes for humanitarian assistance, risk reduction, and conflict preparedness and protection.						
39	% of affected States Parties that report on progress in removing physical, social, cultural, political, attitudinal, and communication barriers;						
	% of affected States Parties that report including survivors and/or their representative organisations in matters that affect them, including in planning and implementation at the national and community levels.						
CROSS-CUTTING ACTIONS							
1	% of affected States Parties that report integrating Convention implementation activities into: national development plans and budgets, strategies and budgets including on poverty reduction, humanitarian response, on health and mental health, gender equality inclusion of persons with disabilities, peacebuilding, Human Rights, climate change adaptation plans, environmental protection and improvement, and/or disaster risk reduction						
	% of affected States Parties that report having strengthened partnerships and coordinated Convention implementation activities with relevant humanitarian, peacebuilding, climate, environmental, development, health, disability, and human rights sectors						
5	% of affected States Parties that report national work plans and strategies integrating gender, age, disability considerations, and the diverse needs and experiences of people in mine-affected communities including mine survivors;						The Committee would welcome an update in this regard.
	% of affected States Parties that report national work plans and strategies developed through inclusive consultation with stakeholders including survivors and representatives of mine-affected communities						
	of mine victims and survivor organisations participating in Convention meetings						
40	% of affected States Parties that report making national financial commitments to their implementation of victim assistance.						
	% of States Parties that report on exploring all sources of funding, including conventional and alternative/innovative						
41	% of affected States Parties that report on progress, challenges in implementation, and requirements for assistance.						
	% of affected States Parties that report having a resource mobilisation plan in place.						
	% of affected States Parties that have taken advantage of the Individualised Approach.						