Transversal factsheet 5 - Synergies with victim assistance activities

What is it?

Victim Assistance (VA) is ensuring access to necessary services for purpose of improving social participation and quality of life of direct and indirect victims of arms.

When a person has an accident with a landmine, an explosive remnants of war, or another arm, the most urgent requirement is generally medical care and rehabilitation. However, VA does not stop there. Medical care and rehabilitation alone will not ensure that survivors are included in society. Practically speaking, victim assistance includes the provision of emergency and ongoing medical care, rehabilitation and prosthetic services, psychological support including peer support, and services that ensure the inclusion in social aspects of life, including education, sports and leisure and in work and employment. HI lobbies to also include the provision of social protection and ensuring of adequate standards of living in this continuum of services.

As such, HI’s work in VA liaises closely with a number of other technical domains:

- Rehabilitation
- Mental health: in emergency, namely: Psychosocial support (PSS)
- Social inclusion
- Inclusive education
- Livelihoods.

What for?

The common denominator between armed violence reduction (AVR) and VA is the instrument: arms. The beneficiaries of both sectors will be people or community affected by arms.

AVR and VA are complementary interventions:

- In AVR: preventing the accident, reducing the risk and eliminating the threat of arms;
- In VA: ensuring access to services, and, when necessary, directly providing care to victims of those arms.

They “overlap” during activities such as assessments or Risk Education.
Project teams will meet with affected population and thus could identify victims and their needs, this is where they must feed one another: armed violence protection (AVP) teams should pass the information in order for the VA teams to address the victims’ needs and refer or accompany them towards proper services (or deliver them).

In open conflict or crisis context, with a population potentially traumatised, activities such as Risk Education should be adapted with the support of the Psychosocial support (PSS) team, possibly involving members of the PSS team to join the Risk Education team in delivering their sessions.

How?

First of all: on the field, by creating in the work environment mechanisms of coordination with other teams, to favour exchange and synergies. Include VA teams in Risk Education trainings (rehabilitation, PSS, etc.). It is a space to brainstorm and be creative around added values of VA and AVR working together. It also important for VA teams to be trained when working on contaminated areas.

⇒ See Tool 8: RE training material courses package
Promote the added value of delivering a comprehensive answer to vulnerable people, by organising internal programme capacity training (i.e. AVP team trains others in Risk Education, VA team trains other in Psychosocial support, etc.). AVP teams should be trained in victim identification to be able to refer them to VA teams for instance.

⇒ See Tool 8 - Day 4: Psychological first aid documents
⇒ See Activity factsheet 8 - Safety training for external actors

Standards and policy

⇒ Factsheets: How to implement Victim Assistance obligations? (HI, 2013)
⇒ See Minimum Standards for age and disability inclusion in humanitarian action (HI, CBM, HelpAge, et al. 2016)