VICTIM ASSISTANCE
EUROPE

STATES PARTIES WITH SIGNIFICANT NUMBERS OF SURVIVORS AND NEEDS

Victim assistance process indicators

State Party	Mine Ban Treaty	All known mine/ERW survivors	Coordination	Plan	Needs assessment
Albania	1 August 2000	At least 839	National mine action centre (AMMCO)	National Victim Assistance Plan (2012–2015)	Ongoing through 2013
Bosnia and Herzegovina (BiH)	1 March 1999	At least 5,822	Landmine Victim Assistance Working Group (Inter-sectoral)	Victim Assistance sub-strategy (2009–2019)	2009
Croatia	1 March 1999	At least 1,426	National Coordinating Body for Helping Mine and UXO Victims	Croatian Action Plan to Help Victims Of Mines and Unexploded Ordnance 2010–2014	None (Survivor opinion survey in 2011)
Serbia	1 March 2004	More than 1,336	Under development in 2013	None	2012
Turkey	1 March 2004	More than 5,000	None	None	None

Notes: "State Party" refers to those states that have ratified or acceded to the Mine Ban Treaty. "Mine Ban Treaty" is the date the Mine Ban Treaty entered into force for that state. "All known survivors" is the total number of survivors recorded in Monitor country profiles from when survivors began to be reported in a given country through the end of 2012. "Coordination" is the government coordination mechanism that includes efforts to address the needs of survivors. "Plan" is a national plan that aims to address the needs of survivors, sometimes along with the needs of other vulnerable groups. "Needs assessment" is a process by which states or other actors have determined what assistance survivors and/or a broader group of victims require.

Victim assistance in Europe since 1999[1]

The States Parties with significant numbers of survivors in Europe entered the Mine Ban Treaty at different times, with widely varying needs and numbers of survivors. Since the treaty entered into force for each of them, Albania, Bosnia and Herzegovina (BiH), and Croatia have had victim assistance coordination mechanisms operating, together with planning and strategies, although these have not all been met or been active consistently. Turkey and Serbia, which both joined the Mine Ban Treaty in 2003, have not made significant progress in improving the availability and accessibility of services. Both countries lacked coordination mechanisms and plans during the period. However, in both countries NGOs advocated for victim assistance; these efforts included survivors and victim assistance remained on the public agenda. At least in part due to these efforts, Serbia in 2012 changed the government victim assistance focal point from a rehabilitation hospital to the Sector for Protection of Veterans with Disabilities within the relevant ministry, marking an important shift from a medical focus to a social approach.

Among the five countries in the region, Albania has made the most progress, with international donor support, to improve access to services for its concentrated population of survivors, mainly based in the remote northern regions. Since 2008, economic decline in BiH, Croatia, and Serbia decreased access to services for many survivors as costs increased and some services were closed. Croatia has consistently had general services available, especially in terms of medical care and physical rehabilitation, but it has faced challenges to ensure that these services are equally accessible for all survivors. In BiH, Croatia, and Serbia, military survivors have had access to much better quality of care and better social protection programs than civilian survivors.

Through the period of the Cartagena Action Plan (CAP, 2010–2014), survivors' representatives in these States Parties in Europe organized to improve the situation of survivors and the services available, in the face of decreasing international support.

Gender and age

There have been some efforts to address the differing needs of women, men, girls, and boys in some of these five States Parties in Europe. In BIH and Croatia, NGO projects which have taken into account the needs of women have mostly addressed economic inclusion for the spouses and relatives of people killed by mines and ERW. Gender-sensitive psychological assistance has been available in BIH and also through peer-to-peer support in Croatia and Serbia. In Albania, education for child survivors has been prioritized.

[1] Unless otherwise indicated all information is based on country profiles by the Landmine and Cluster Munition Monitor, www.the-monitor.org.

Availability and access to services

Albania

Since 1999, Albania has made significant progress in developing all components of victim assistance. Accessibility of services improved in the remote mine-affected regions with the mine action center's introduction of an initial victim assistance plan in 2003, needs-based and comprehensive community-based programming, as well as linkages to broader development strategies. However, after the country was declared mine-free in 2009, resources for victim assistance in Albania rapidly declined and services have been insufficient to meet the needs of survivors.

From 1999 to 2004, progress in victim assistance was most prominent in the areas of medical care, employment, and economic support. From 2006, a five-year internationally-funded project to build capacity in the rehabilitation sector through training of physiotherapists and the establishment of a prosthetics workshop in the mine-affected area was successfully completed by 2012, resulting in improved services. These services became accessible to the entire country due to infrastructure development and the building of a highway during the period. In contrast, starting in 2005 operating conditions of the premises and management at the National Orthotic-Prosthetic Center in Tirana (once the only such facility in Albania) deteriorated severely, resulting in the loss of international support by 2010.

While there have been efforts to develop economic inclusion projects, these have not been enough to address the significant employment needs among survivors. A project by national NGO Albanian Assistance for Integration and Development (ALB-AID) formerly Victims of Mines and Arms-Kukes (VMA), to build a sustainable survivors network has also expanded opportunities to access physical rehabilitation services for survivors and amputees in other parts of the country.

Highlighted challenges and recommendations:

- Economic inclusion and psychological support remained the most serious needs of survivors. **Economically sustainable methods of providing training and peer support activities, as well as equal access to benefits, should be developed.**
- Overall, widespread poverty, unregulated working conditions, and poor medical care posed significant problems for many persons with disabilities, including survivors. **Equal access to social protection, as well as specific support for survivors and persons with disabilities in remote areas, are required.**

Bosnia and Herzegovina (BiH)

From 1999–2004, most victim assistance targeting mine/explosive remnants of war (ERW) survivors was provided by international NGOs without adequate coordination, often resulting in unsystematic service provision and gaps in accessibility of services. A state-run network of community-based rehabilitation (CBR) centers, started in 1998, provided psychosocial support as well as physical rehabilitation. These centers continued to lack capacity and community awareness. Landmine Survivors Initiatives (formerly Landmine Survivors Network) and other NGOs also provided this type of support, which helped to fill gaps.

Since 2004, the availability of medical assistance has been adequate, despite an overall dependence on international aid. Improvements have mainly been made in emergency response services, again due to international donor contributions.

Physical rehabilitation services have mostly been available and their quality has remained satisfactory overall, if variable, despite incomplete rehabilitation teams and a lack of personnel trained to international standards.

Persistent gaps in opportunities for economic reintegration remained since 1999. Almost all of the economic reintegration activities were carried out by international and national NGOs. However, the two entity governments of Republika Srpska and the Federation of Bosnia and Herzegovina introduced specific funds for the employment of persons with disabilities in 2007 and in 2011.

A decrease in all services provided by NGOs continued through the Cartagena Action Plan period (2010-2014), mainly linked with the ongoing decline in international funding; however, there were continued improvements in the quality and availability of state services that began to replace some of the services that had been provided by NGOs.

Highlighted challenges and recommendations:

- Discrimination based on the cause of disability persisted as certain categories of civilians with disabilities do not receive adequate assistance. **More equal and adequate social protection and welfare benefits should be adopted.**
- Physical accessibility remains a major problem in BiH and is not included in the priorities for addressing the challenges faced by persons with disabilities. **Specific action plans to remove physical barriers need to be developed and implemented.**

Croatia

Health and social services in Croatia function largely on national funding and coordination and are considered sufficient, with relatively strong medical and rehabilitation infrastructure in the cities and social insurance covering most healthcare costs. However, since 1999 its services have not always been equally available to all survivors. Quality, accessibility, and affordability remain key issues, particularly for physical rehabilitation. A survivor survey carried out by an NGO through a research company in 2011 found that only 19% of survivors reported living in areas with facilities that provided them with adequate care.

High levels of unemployment among survivors worsened as a result of the global economic slowdown from 2009. Opportunities for employment and training have not been adequately available to meet these needs.

Some psychosocial support has been available but it remains inadequate because of the deteriorating infrastructure and the lack of knowledge about the specific needs of mine/ERW survivors in this area among both the public and medical professionals. A new psychological assistance center on the Croatian coast became operational in 2013, increasing opportunities for such support, particularly for children and families.

Peer support through NGOs increased from 2008 onwards. Awareness of disability rights slowly improved among survivors and the general public, but existing disability legislation was not consistently implemented.

In 2012, Mine Aid, the main NGO providing victim assistance, reduced the quantity of services it provided due to decreased funding.

Highlighted challenges and recommendations:

- Essential peer support, awareness, education, and referrals are lacking for the most vulnerable survivors. **Adequate resources should be secured for civil activities that fill gaps in government services, including peer support and targeted psychological assistance, while working toward improving government provision of necessary services.**
- Rural areas, where most survivors live, lack accessibility to services. **Services in rural and remote areas should be expanded and accessibility to the existing services in those areas improved.**

Serbia

From 1999, the quality of medical and physical rehabilitation services available to survivors deteriorated, while government social and economic reintegration programs for survivors ended. Survivors' groups reported that bureaucratic procedures over this period have made it increasingly difficult to access rehabilitation services. At the same time, pensions for disabled veterans have been significantly reduced. Despite equal opportunity laws, unemployment among survivors and other persons with disabilities remains high.

For several years, a Belgrade association of landmine survivors provided psychosocial support and other services until its closure in 2009, due to a lack of both funds and state support. Several smaller local associations of civilian survivors and disabled veterans exist to provide peer support and advocate for members rights, though they have limited financial resources or none at all. Since 2010, the national NGO Assistance Advocacy Access Serbia (AAAS) has worked with local survivor associations to strengthen their capacity to carry out national advocacy and work for improved victim assistance.

Since 2012, there have been some improvements in physical accessibility in urban areas.

Highlighted challenges and recommendations:

- Adequate, state-provided psychosocial support for survivors still does not exist. **To ensure that survivors can access these services, more assistance should be provided to cost-effective NGO efforts to provide peer support and referrals to professional psychological assistance.**
- Administrative procedures prevent many survivors from receiving needed prosthetics and other physical rehabilitation services. **Such procedures should be adjusted to reduce waiting time.**

Turkey

Through the period that Turkey has been party to the Mine Ban Treaty, the discrepancy between the high level of quality care available to military mine survivors and sparse assistance available to most civilian survivors has been a pressing issue. Since 2004, there has been some progress in government provision of healthcare. The armed forces rehabilitation center in Ankara has continually provided specialized facilities to assist mine/ERW survivors, mostly military personnel.

Since around the year 2000, the prosthetic center of the Dicle University Research Hospital in Diyarbakir was the only such center for all mine-affected regions of Turkey. Use of the facility declined in 2008 when it began to provide services only to those with healthcare cards for the disadvantaged. By early 2013, the center was still open but had effectively ceased to operate; this eliminated the only free option for prosthetics for civilian mine/ERW survivors.

The implementation of physical accessibility plans has been delayed throughout Turkey, and there is less physical accessibility to public and private buildings and infrastructure in mine-affected regions than in other parts of Turkey, particularly major cities, which also need significant improvement. By 2013, survivors in some areas were becoming discouraged by the lack of developments in victim assistance. However, the national civil society group, Initiative for a Mine-Free Turkey (IMFT) and survivor members continued to seek to have victim assistance recognized and implemented.

Highlighted challenges and recommendations:

- There are no adequate, affordable prosthetic and rehabilitation facilities in mine-affected regions. **Establishing such facilities should be a priority for the Turkish government.**
- Mine/ERW survivors and persons with disabilities in affected areas do not have access to the same level of services as persons with disabilities have in larger cities in Turkey. **These disparities should be addressed by finding ways to equalize access to existing services and develop new services in mine-affected areas.**

Survivor inclusion and participation

Albania

Survivors are represented at all levels of planning and implementation of victim assistance through the participation of national NGO ALB-AID.

Bosnia and Herzegovina (BiH)

Mine/ERW survivors and their organizations are included in the victim assistance coordination mechanism and survivors implement services through NGOs. Survivors have been included in the delegation of BiH at some international humanitarian disarmament meetings in recent years.

Croatia

Survivors and their representative organizations participate in coordination meetings and have collaborated in preparing government reports and national statements for meetings of both the Mine Ban Treaty and the Convention on Cluster Munitions. Survivors have been included in the delegation of Croatia at some international disarmament meetings.

Serbia

Survivors participated in a de facto working group elaborating the draft text of the Law on Protection of Veterans with Disabilities, a national dialogue to reform accessibility regulations, the design and implementation of the AAAS survivor needs assessment, psychological support programs including peer support groups, and the provision of legal aid through local and national networks of survivors. However, there has been no inclusion of survivors in the design of relevant government-administered programs, such as healthcare or rehabilitation.

Turkey

Survivors reported that they were not included in the planning or implementation of services relevant to their needs. The Disabled and Senior Citizens Directorate General has not engaged survivors and was not familiar with the issue of victim assistance or specific needs in mine-affected areas.

Survivor participation challenges and recommendations in the region:

Although survivors have participated in coordination and implementation of victim assistance in the region, this involvement has often been limited. As NGO services reduce the scope of their activities, more survivor participation in state-run services must be organized in a sustainable manner.

International cooperation and national support

Donor funding has been important to victim assistance in States Parties with significant numbers of survivors in Europe, most significantly to NGO activities in BIH. The International Trust Fund,[2] Slovenia, channeled donor funding to victim assistance projects through a matching fund program that was mainly focused on mine clearance in the region. Although the funding for victim assistance never reached close to the level of 15% of the total annual output as envisioned, it contributed significantly to victim assistance activities in BiH, as well as in Albania and Croatia. Turkey and Serbia have received negligible international funding for victim assistance. National support, when it has been available, notably as compensation in Turkey and social welfare in Serbia, has not been sufficient to address the employment and economic inclusion needs of survivors.

Victim assistance in Russia

In Europe, Russia is a country with significant numbers of survivors that is not a State Party to the Mine Ban Treaty. In it's most mine-affected region, Chechnya, the ICRC promotes victim assistance. Associations of Russian disabled war veterans from the Afghanistan and Chechnya conflicts advocate for the rights of survivors in many regions of the country.

[2] ITF Enhancing Human Security (ITF), previously known as International Trust Fund for Demining and Mine Victim Assistance

Development and disability indicators

Development indicators have been presented in victim assistance reporting since 2006, when it was found from Landmine Monitor reporting on 24 States Parties, that:

> *There appears to be a relationship between a country's Human Development Index (HDI) ranking and the provision of emergency and continuing medical care. States Parties with higher HDI rankings tend to have better emergency and continuing medical care, while countries that are underdeveloped continue to struggle to meet the basic needs of the population as a whole, including people with disabilities and, among them, landmine survivors.*

ICBL, *Landmine Victim Assistance in 2006: Overview of the Situation in 24 States Parties*, published by Standing Tall on behalf of the ICBL Working Group on Victim Assistance, 3rd Edition, April 2007, p. 12, victimassistance.files.wordpress.com/2014/06/landminevic2006.pdf.

Relevant development indicators for the period of the Mine Ban Treaty Nairobi Action Plan (2005-2009) can be found in country chapters examining progress in victim assistance in 26 States Parties in *Voices from the Ground: Landmine and Explosive Remnants of War Survivors Speak Out on Victim Assistance*, Handicap International (Brussels -September 2009), reliefweb.int/sites/reliefweb.int/files/resources/778DB759408546044925764500124 86A-Full_Report.pdf.

State Party	Disability rights		Health expenditure Total % of GDP					Physicians per 1,000 people 2007–2012
	CRPD	Regional strategy	1999 Baseline	2009	2010	2011	2012	
Albania	11 February 2013	Council of Europe Disability Action Plan 2006–2015	5.8	6	5.5	6	6	1.1
BiH	12 March 2010	Council of Europe Disability Action Plan 2006–2015	8.9	9.9	9.8	9.9	9.9	1.7
Croatia	15 August 2007	Council of Europe Disability Action Plan 2006-2015; European Disability Strategy 2010–2020	7.3	7.8	7.8	6.8	6.8	3.0
Serbia	31 July 2009	Council of Europe Disability Action Plan 2006–2015	7.4	10.5	10.7	10.3	10.5	2.1
Turkey	28 July 2009	Council of Europe Disability Action Plan 2006–2015; ESCAP, Inchon Strategy	4.8	6.7	6.8	6.1	6.3	1.7

State Party	ILO 159	Human Development Index Rank 2012	IHDI value2012	Health expenditure Per capita (US Dollars) 1999, 2009—2012					Out-of-pocket payments as a % of health spending
Albania	No	**70**/187	0.645	**$60**	$230	$207	$243	$228	52.2
BiH	2 June 1993	**81**/187	0.65	**$111**	$440	$427	$471	$447	27.8
Croatia	8 October 1991	**47**/187	0.683	**$372**	$1,095	$1,051	$992	$908	13.9
Serbia	24 Nov 2000	**64**/187	0.696	**$65**	$577	$546	$622	$561	37.1
Turkey	26 June 2000	**90**/187	0.56	**$149**	$580	$680	$644	$665	16.8

Notes: "State Party" refers to those states that have ratified or acceded to the Mine Ban Treaty. "CRPD" is the Convention on the Rights of Persons with Disabilities. Statistics on health expenditure as a total percent of the gross domestic product are compiled by the World Bank and are available at: http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS. Physicians per 1,000 people: http://wdi.worldbank.org/table/2.15. "ILO 159" is the International Labor Organization's Convention on Vocational Rehabilitation and Employment of Persons with Disabilities (1983) http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11300:0::NO::P11300_INSTRUMENT_ID:312304. The "IHDI" Inequality-adjusted Human Development Index is a measure of the level of human development of people in a society that accounts for inequality. Lower index numbers and rankings (out of 187) indicate a lower level of human development. It is published by the United Nations Development Programme at: data.undp.org/dataset/Table-3-Inequality-adjusted-Human-Development-Inde/9jnv-7hyp. Health Expenditure per capita in current US$: http://data.worldbank.org/indicator/SH.XPD.PCAP/countries. Out-of-pocket payments as a percentage of health spending: http://wdi.worldbank.org/table/2.15.