VICTIM ASSISTANCE
MIDDLE EAST

STATES PARTIES WITH SIGNIFICANT NUMBERS OF SURVIVORS AND NEEDS

Victim assistance process indicators

State Party	Mine Ban Treaty	All known survivors	Coordination	Plan	Needs assessment
Iraq	1 February 2008	Estimated 48,000–68,000	Directorate of Mine Action and Iraqi Kurdistan Mine Action Agency	None	Ongoing as of 2013 in Central and Southern Iraq
Jordan	1 May 1999	799	Steering Committee on Survivor and Victim Assistance chaired by the Higher Council for the Affairs of People with Disabilities	National Disability Strategy	Ongoing as of 2013
Yemen	1 March 1999	At least 2,789	Yemen Mine Action Center	National Victim Assistance Strategic Plan 2010–2014	Medical survey in 2012

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 the Middle East since 1999[1]

In the Middle East, the three States Parties to the Mine Ban Treaty with a significant number of survivors of mines and explosive remnants of war (ERW) have generally had quite different experiences in addressing the needs of survivors, though a common factor restricting progress in the provision of assistance has been ongoing armed conflict in the region. Both Jordan and Yemen joined the Mine Ban Treaty very soon after its entry into force and established national programs to assess and address the needs of mine victims. In both countries, the availability of international assistance for NGO and/or government efforts enabled many mine survivors to receive basic medical and rehabilitation services, although economic inclusion programs were much more limited, especially in Yemen. Iraq joined the Mine Ban Treaty much later, in 2008, and has struggled to establish effective coordination of both victim assistance and disability affairs throughout the country.

Since 1999, access to services and programs for mine survivors in Iraq has been impeded by ongoing armed conflict or the after-effects of this conflict. The many mine survivors and other persons disabled due to conflict, coupled by a devastated health and rehabilitation infrastructure, have been a consistent challenge in Iraq. This has only recently shown some improvements. Iraqi Kurdistan has seen relatively more progress though it has also had to cope with a growing number of people in need of services. Since 2011, Yemen has seen setbacks in accessibility and availability of assistance to mine survivors. Increasing levels of violence have prevented survivors from traveling to services and have also limited the ability of service providers to reach survivors. While Jordan has not directly experienced armed conflict and access to services has been better than in either Iraq or Yemen, the provision of services to mine/ERW survivors has been impacted by the influx of refugees from Iraq and more recently from Syria, placing greater demand on available services.

Throughout the region, the greatest gap in available services has been in the area of psychosocial support, which has been insufficient in all three countries. Those services that have been available have generally been provided by international and local NGOs and, in most cases, have not been sustainable due to decreasing availability of international resources.

In all three countries, their ratification of the Convention on the Rights of Persons with Disabilities has great potential to raise awareness of the rights of persons with disabilities, including survivors. Of the three, Jordan has made the greatest effort to integrate survivors into a disability framework. It made the decision to delegate victim assistance coordination to the Higher Council on the Affairs of Persons with Disabilities as soon as it was established in 2007. By 2009, assistance to mine/ERW survivors had been integrated into its National Disability Strategy.

Gender and age

In all three countries, a lack of female medical and rehabilitation professionals combined with cultural norms have prevented many female survivors from accessing these needed services. Since 2011, some activities have been reported specifically targeting female survivors and victims, such as a program by the Yemen Association of Landmine Survivors to increase the participation of women and girls in vocational training and educational programs, as well as attempts to improve gender- and age-sensitive rehabilitation services in Aden. The ICRC in Iraq has supported thousands of female heads-of-households whose spouses were victims of conflict (including victims of landmines and ERW) to register for benefits and grants to start small businesses; in Yemen, the ICRC has supported four women to train as prosthetists. In Jordan, a vocational training course offered in 2012 targeted the wives and daughters of landmine survivors.

[1] Unless otherwise indicated all information is based on country profiles in the Monitor, www.the-monitor.org.

Availability and access to services

Iraq

Since 1999, the availability of and access to adequate assistance for mine and ERW survivors in Iraq have been hampered by ongoing armed conflict and instability in the country. Between 1999 and 2003, international organizations, particularly the World Health Organization and the ICRC, worked to rebuild Iraq's health care and rehabilitation systems that had been devastated by decades of previous conflict. Many rebuilt health and rehabilitation centers were then once again damaged or destroyed with the invasion by the United States-led coalition in March 2003 and the related period of civil unrest. Continued armed violence prevented the rebuilding of services critical to survivors and contributed to the emigration of some 75% of qualified medical personnel; by 2008, healthcare had deteriorated and was considered to be in its worst shape in many years.

Starting in 2009, a slowly improving security situation allowed for some renovations to medical facilities and the building of new physical rehabilitation centers in south and central Iraq. Survivors were more able to access available services, and some survivors in central and southern Iraq that had the means to cover transportation costs could access free victim assistance services in Iraqi Kurdistan. However, through 2013, the volatile security situation in many areas continued to prevent many survivors in southern and central Iraq from having access to needed services. Persistent efforts by international organizations, international and national NGOs and government ministries (especially the Ministry of Health) sustained the limited advances achieved since 2009 in regards to medical care and physical rehabilitation.

Since 1999, psychosocial support and economic inclusion programs have been extremely limited in southern and central Iraq with small scale projects organized by NGOs and the Iraq Red Crescent Society. In 2012, the Ministry of Labor and Social Affairs began a program to link persons with disabilities with employment.

The situation for survivors in Kurdistan has been significantly better than in the rest of Iraq throughout the period since 1999. Numerous NGOs operated in the region providing medical services, physical rehabilitation, and social and economic inclusion programs including several funded through the UN Oil-for-Food program up to 2010. Many of these programs have been sustained beyond the closure of this funding program with both national and international resources. Nevertheless, available services have been insufficient to address the needs of the many thousands of survivors in the Kurdistan region, a situation that has been exacerbated by the arrival of survivors from the south starting in 2009 and the influx of Syrian refugees beginning in 2012.

Highlighted challenges and recommendations:

- Psychosocial support for survivors is underdeveloped throughout Iraq. **A greater emphasis must be put in this area, including through peer-to-peer support.**
- Survivors in southern and central Iraq lack opportunities to generate income and support their families. **Recent efforts to increase job and income-generating opportunities for survivors must be sustained and expanded.**
- The general lack of knowledge about rights and existing services still prevents survivors from accessing assistance. **Awareness about disability and survivors' rights and needs should be increased among medical practitioners, rehabilitation staff, and services providers throughout Iraq in order to improve referral services and quality of care.**

Jordan

Since 1999, mine/ERW survivors have had access to state-provided medical care and physical rehabilitation. However, in 1999, services were located only in urban centers, far from where most survivors are based, and while basic care was provided without charge, ongoing assistance was only free for those with insurance, an obstacle for many survivors. Throughout the period, military survivors have received better quality services than civilian survivors.

By 2007, the availability of physical rehabilitation increased when the government completed construction of two new centers, with international support. A government-managed program that began in 2011 attempted to address disparity between services available for military versus civilian survivors. Through this program, a third new rehabilitation center opened in a region with a significant number of survivors in 2012. Health professionals in the region were trained to provide basic rehabilitation services.

Since 1999, psychosocial support and economic inclusion programs have been available on a limited basis, mainly provided by international and national NGOs with international support. Landmine Survivors Network provided peer support in Jordan from 1999 until 2008. As part of the government program launched in 2011, economic inclusion opportunities increased for civilian survivors, including specific activities targeting women.

Highlighted challenges and recommendations:

- Economic inclusion opportunities remain insufficient to meet the demand among mine/ERW survivors. **Existing programs should be expanded and institutionalized to address the ongoing needs of survivors and other persons with disabilities.**
- Psychological support, including peer support, is very limited. **Services provided for several years by Landmine Survivors Network have not been replaced by sustainable alternatives, or by government-funded programs.**

Yemen

Yemen's mine action center established a victim assistance department in 2001 with the aim of helping mine/ERW survivors access medical care, physical rehabilitation, and economic reintegration assistance. It coordinated, if sporadically, with survivors to identify and access survivors living in rural areas. This department's program, supported with international assistance, has covered the cost of treatment, transport, and accommodation of survivors who receive health and rehabilitation services. International organizations and NGOs have supported Yemen's physical rehabilitation centers since 2001, with ICRC support continuing to the present.

Each year, the victim assistance department's program has a targeted number of survivors to reach, though it has nearly always fallen short of its target. Survivors not assisted through this program have faced significant challenges to access assistance due to the centralization of services in urban centers, far from where most survivors are. Women have faced particular challenges since cultural norms generally require that they travel with a male family member.

The economic reintegration component of the national victim assistance program was begun in 2004 with the establishment of the Yemen Association of Landmine Survivors (YALS) as the mine action center's implementing partner for these activities. However, in most years, there has not been sufficient funding to implement this component as planned. Psychosocial support has never been included in the victim assistance department's program and has not been widely available in Yemen. However some local NGOs, including YALS, have offered this support when possible given limited budgets.

Increasing levels of violence and insecurity led to the suspension of the victim assistance program in 2011 and prevented many survivors from traveling to needed services. For example, the Aden Rehabilitation Center, one of only four in the country, suspended its outreach program and its plans to build a new rehabilitation center, with support from ICRC, remained on hold through 2013.

Highlighted challenges and recommendations:

- Overall, the availability of economic inclusion programs and psychosocial support has been very limited. **These areas of assistance should be prioritized and sustained with both international and national funding.**
- The relative inaccessibility of urban-centered facilities coupled with a lack of rights-based assistance limit survivors from attaining the benefits of other relevant developments in the country. **Survivors should be supported so that they can be included in broader disability programs and in mainstream development projects.**

Survivor inclusion and participation

Iraq

In the absence of regular victim assistance coordination in any region since 1999, there have been no consistent efforts to include mine/ERW survivors in planning and decision-making efforts. Survivors have been included in occasional national or regional meetings, but generally there is a recognized need throughout Iraq for more effective survivor participation. Survivors have been members of disabled persons' organizations and the largest alliance of these organizations in Iraq is led by a landmine survivor.

Survivors are involved in referrals and other efforts to improve access to services and in the implementation of physical rehabilitation, vocational training, and peer support in Kurdistan. In southern and central Iraq, survivors have been involved in implementing the survey of mine survivors that has been underway since 2011.

Jordan

With the establishment of a national victim assistance steering committee in 2004, survivors began to participate in the coordination and planning of victim assistance. The staff position responsible for the coordination of the steering committee was filled by a mine survivor for a period of time. With the closure of the Jordanian chapter of the Landmine Survivors Network in 2008, the organization and profile of mine survivors around the country diminished; however, several activities were carried forward by other organizations, including a national organization led by a survivor.

Yemen

The Yemen Executive Mine Action Center (YEMAC) established the Yemen Association of Landmine Survivors (YALS) in 2004 to coordinate with YEMAC in the implementation of victim assistance. Initially, YALS participated in victim assistance coordination meetings along with other relevant stakeholders. However, from 2007, victim assistance coordination was sporadic and the coordination mechanism became inactive in 2011, eliminating the space in which survivors could participate in decision-making around programs and services relevant to them. Since 1999, survivors have not been active in the disability movement and in some cases, have been excluded from participating in decision-making on disability issues because their circumstances are considered by some to be exceptional as they are thought to receive assistance that is not available to others with similar needs.

Survivor participation challenges and recommendations in the region:

- In both Iraq and Yemen, there has been very limited participation by survivors in decision-making and coordination mechanisms. In Yemen, survivor networks should be strengthened to increase their ability to effectively advocate and participate in coordination. In Iraq, more decision-making spaces should be opened to representatives of survivor organizations.
- In Yemen, survivors are not able to fully participate in relevant coordination structures because they are not yet able to utilize disability rights mechanisms. Establishing greater links between survivors and disabled persons organizations are key steps for improving the ability of survivors to participate in all mechanisms where decisions are made that relate to their lives.

International cooperation and national support

In all three States Parties to the Mine Ban Treaty in the Middle East, international cooperation has played an important role in developing and improving access to services and programs for mine/ERW survivors. In Jordan and Yemen, funding from international donors has supported international and national NGOs that have implemented physical rehabilitation and socio-economic inclusion programs. Funding provided to the ICRC has strengthened physical rehabilitation programs in all three countries. Starting in 2007, Yemen's victim assistance activities were increasingly supported with national funds.

Significant amounts of international funding have been invested in the reconstruction of Iraq's healthcare system and rehabilitation program through the World Health Organization, UN Development Programme, and other international organizations and NGOs. In Iraqi Kurdistan, the UN Oil-for-Food program with national funds administered by the UN was the main support for a range of victim assistance programs. Since 2009, the national budget of Iraq has supported the construction of new rehabilitation centers in southern and central Iraq and, in 2012, began supporting economic inclusion for survivors and other persons with disabilities.

Victim assistance in Lebanon

In the Middle East, Lebanon is the only country with a significant number of survivors that is a state not party to the Mine Ban Treaty. However, Lebanon has victim assistance obligations under the Convention on Cluster Munitions. Since 2001, the national mine action center has coordinated the national victim assistance steering committee, a forum to share information on the needs of survivors and available assistance. Reduced international funding for victim assistance since 2012 has reduced the availability of services for survivors and others with similar needs.

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
	CRPD	Regional mechanism		1999 Baseline	2009	2010	2011	2012	2007-2012
Iraq	20 March 2013	Arab Decade of Disabled Persons (2004-2013)		1.1	4.6	3.1	2.7	3.6	0.6
Jordan	31 March 2008			9.4	9.5	8.5	8.8	9.8	2.6
Yemen	26 March 2009			4.3	5.3	5.1	5.0	5.5	0.2
State Party	ILO 159	Human Development Index Rank 2012	IDHI Value 2012	Health expenditure Per capita (US Dollars) 1999, 2009—2012					Out-of-pocket payments as a % of health spending
Iraq	No	**131**/187	N/A	$7	$143	$141	$160	$226	46.4
Jordan	13 May 2003	**100**/187	0.568	$162	$368	$361	$386	$388	28.5
Yemen	18 November 1991	**160**/187	0.31	$22	$65	$66	$63	$71	71.7

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.