

How to develop integrated peer support assistance to landmine survivors?

1. Background and context of the good practice

The mid-1990s was a period of advocating for the Mine Ban Treaty and landmine survivors had actively taken part in the process along with many public figures around the world. The concept of 'Inclusion of survivors' was a crucial breakthrough and invigorated the whole process, giving survivors an active role, not only in assisting other survivors through peer to peer counselling, but also in advocating for mine victims and a barrier-free world.

The peer-to-peer practice is striving to make a measurable change in the lives of landmine survivors through expertly designed integrated programmes in the sectors of Health, Economic Opportunities and Social Empowerment. It **empowers** individuals, families and communities affected by landmines to **recover** from trauma, to **claim** their rights and reclaim a fully functional life.

This peer-to-peer practice presented below should be seen as a **combination of an approach, methodology and program in providing integrated assistance** to landmine survivors in Bosnia and Herzegovina (BiH).

Peer-to-peer practice was originally developed in the 1990s by landmine survivors from the United States (US) who established the global non-governmental organization Landmine Survivors Network (LSN). Though this approach has been applied in several countries, it was originally launched and applied in BiH and implemented by Landmine Survivors Initiatives (LSI), a non-governmental organization established by survivors, run by survivors, employing survivors and providing assistance to other survivors.

Development of the approach involved constant collaboration and exchange of thoughts regarding the development of the approach between the US-based LSN team and the branch office in BiH. The framework developed in US was tested, implemented, refined, finalized and used in BiH.

2. Description of the peer-to-peer practice and the process involved

The issue of assisting landmine victims and survivors has been largely seen by service providers and non-governmental organizations (NGOs) as a set of separate, independent actions in different domains, including physical rehabilitation, psychosocial support or social inclusion. In most instances, the different needs of survivors were not taken into account and properly addressed, in particular, people with multiple and more complex needs. This specific practice represents a shift in understanding landmine victim assistance as a process involving a holistic and integrated approach rather than a series of separate actions. It places the personal needs of survivors as the basis for developing programmatic interventions.

The guiding principle was developed that every person must be in charge of determining his/her own path toward recovery. Attention was paid on the person as a whole being on in his/her journey to recovery, which is a process during which the person transits from phases of 'victim', through 'survivor' to a fully functional, integrated 'citizen'.

The needs of survivors are personal and different in each of these phases. This support therefore encompasses different components such as emotional and psychological support, increasing mobility, moving towards economic independence, and support to claim a survivor's rights and rightful place in society.

Programmatically, LSI's integrated approach encompasses a dynamic, three-pronged approach to meet survivors' needs and help them reclaim their lives:

1. **Health:** landmine survivors and their families have been supported to recover physically and emotionally from trauma through peer support, linking to existing services, education and community support and fulfilment of their basic needs such as food and shelter.
2. **Economic opportunity:** landmine survivors have regained self-confidence to achieve equal access to economic opportunities as the rest of society.
3. **Social empowerment:** landmine survivors and persons with disabilities have been offered training and tools needed to claim their human rights.

A **group support methodology has been used extensively**, since groups are a more cost effective way of providing support to trauma survivors compared to visiting individual survivors in their homes. Using a standard methodology, an organizational structure has been designed to support the provision of services to landmine survivors in the community; it was developed by LSN over the course of twelve years. Activities focus on making contact with survivors in the community and providing services to those in need of support for psychological recovery and social reintegration.

Peer support services are at the core of the model of recovery.

Photo 1: an outreach worker meeting with a survivor (by LSI, all rights reserved)

Peer support outreach is conducted by outreach workers who are supervised by a social worker, who, in turn, is supervised directly by the executive director. The economic opportunity coordinator assists survivors in obtaining vocational training and employment and in developing income generation projects, while the advocacy coordinator, through training and advocacy work at different levels, increases landmine survivors' capacity in disability rights and advocacy.

Outreach workers are themselves landmine survivors who have received training in peer support. They are skilled in establishing a relationship of trust and in providing the emotional support, motivation and practical information necessary for survivors to make their own decisions and to implement them. Their training and the fact that they have survived a similar experience prepares them to share about the psychological and behavioural consequences of psychological trauma and best ways to cope with these changes. They have also been trained to recognize life-threatening



health conditions and to seek medical attention on behalf of survivors when needed. Outreach workers are trained to support a survivor to determine their health goals, assess their current and desired employment situation, determine which assistive devices they'd like to use, and help them envision the ways in which they would like to participate in the community.

During peer support visits, outreach workers help a survivor to facilitate his/her social interaction with family members, friends, and the society at large.

When a survivor requires referral to specialized services, such as medical care, mental health support or assistance with meeting basic human needs or enrolling in welfare assistance/ insurance programs, the outreach worker may refer or link the survivor to the appropriate service provider. Helping survivors connect to specialized services has allowed them to influence system-level changes and obtain services, grants and jobs for survivors that LSI could not provide them.

In cases where a survivor is unable to pay for services, and other sources of support are not available, it is important and essential to ensure there is an emergency fund to provide direct assistance in the form of goods (e.g. prosthetics, food, tools, fabrication material, sales stock) or services (e.g. training, education), to help survivors meet their urgent health-related needs or begin to help their families' move towards economic independence. An organization's ability to provide direct and concrete assistance where justified reinforces the confidence between outreach workers and landmine survivors, where the survivor see a benefit to their involvement in the program.

Special attention is given to building capacity of landmine survivors on disability rights and increasing their advocacy skills through local, national and regional cross-disability trainings and through participation in national and international campaigns or global coalitions. Several national campaigns were organized and run by LSI or an LSI established coalition which culminated with the ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) by the state authorities in BiH.



LSI actively encourages all survivors receiving peer support service from outreach workers to participate in community service for the benefit of other survivors and their communities. This is important since it contributes to survivor's recovery by providing an opportunity to take leadership and connect to the community and it also, through giving back to community, multiplies the effects of the LSI program and makes it sustainable.



3. Impact of the practice and key successes – supported by testimonials of landmine survivors

The model is designed to work at creating change at three levels: (1) individuals, (2) organizations and (3) institutions contributing to local and national level systems. Work at the individual level refers to survivors and their families. Work at the organization level includes organizations of survivors and amputees, organizations of people with disabilities, employers and service providers, while system level engagement assumes work with competent authorities, ministries and institutions at the all different levels in BiH.

A significant success has been observed at the individual level: an increasing number of survivors have improved health-related quality of life, a sense of physical and social functioning, and emotional well-being; they have also increased their employability and diversified their job skills, and lastly have improved knowledge of rights and advanced advocacy skills.

Ajka Ibrahimovic, 48 year-old woman who is a cluster munitions survivor said: "Since I have got a greenhouse by LSI, I can produce something for the market and make some money for my family".

Vujadin Tomic, 61 year-old man with a foot amputation stated: "Peer support means a lot to me and speaking to someone who is similar to me makes me relaxed. I can tell him (LSI outreach worker) everything since I know he will help me overcome the crisis".

Jasmina Jahic, 37 years-old landmine survivor said that peer support "helped me in the most delicate period of my life - to recover, to have a family and to start my own business".

Aleksandar Cvijanović, a 17 year-old boy with below knee amputation said: "After losing my legs I did not have the chance to talk with someone who does not have legs like me. I did not believe to walk again or to continue with my education. Today, thanks to the help I regularly go to high school, I am successful in sitting volleyball and I met lots of friends from various towns and cities".

Bosnia and Herzegovina Mine Action Centre (BHM MAC) emphasised that: “The peer support approach is focused on a person, but also includes constructive work with relevant organisations and institutions of the system and, it is in line with and supports the objectives and implementation of the State’s Sub-Strategy for Support to Mine Victims”.

The Ministry of Health of Federation of BiH emphasised the importance of such peer support, with “strong outreach programmes with country wide presence and survivor-customised assistance programme targeting person’s needs and priorities”.

The Republika Srpska Ministry of labour, war veterans and disabled persons’ protection, has said that peer support staff “possess a very thorough knowledge of the actual situation and needs at the grass-roots level, as well as the expertise in the field of support to mine victims in BiH”.

Photo 4: Princes Diana memorial: sitting volleyball tournament (by LSI, all rights reserved)

4. The factors that made this practice possible

The approach is highly effective, but resource, time and energy demanding. To make this practice possible, a number of elements have to be in place, including:

- **Wide collaboration of different stakeholders** including those from the government, public sector, business, non-governmental sector and media;
- **Continued training and capacity building** of the staff, especially of outreach workers, who are survivors themselves, and are crucial in empowering other survivors in their recovery and reintegration through peer to peer counselling;
- **Travel fees**, given that outreach workers use their own vehicles to visit survivors in their homes and hospitals;
- **Human resources costs**, since in addition the outreach workers, a team consists of other program specialists (e.g. Social Workers, Economic Coordinator and Advocacy Coordinator);
- **Monitoring and evaluation tools** in place and well developed to ensure that changes are documented and followed up.
- **Tailored support to individuals:** To use resources (time, money, people) appropriately it is important to determine which survivors need high levels of support and which need lower levels of support, since they may have their own personal networks/supports to mobilize. This will ensure the right amount of support is given to each person.



5. Lessons learned

Challenges

- Though peer support has been integrated in the several key national strategies and policies (i.e. Sub-Strategy for mine victims assistance, National Disability Strategy), integration of peer support in the system/institutional level remains to be the biggest challenge for the future;
- Most survivors live in rural areas and Outreach Workers travel many hours to reach and bring service and support directly to survivors. Thus, adequate and well organized financial and logistical support has to ensure and to assist Outreach Workers to reach the homes of landmine survivors;

- Obtaining services from other agencies and institutions was a continual challenge due to the complex needs of landmine survivors versus the lack of funding and opportunities typical of many service providers.

It is of utmost importance to utilize locally available services and opportunities. To make this happen on an equal basis with other potential users, survivors must be equipped with knowledge, skills, confidence and information, so that they can build and develop their own networks of support upon graduation from a program.

Lessons learned

- Based on fifteen years of experience, it has been found that peer support is an effective way of assisting survivors to recover on the road to social empowerment which is strongly linked to mental health and economic success. This is particularly the case in environments that lack quality service providers, especially in the domain of psychological well-being;
- Peer support is definitely most effective if provided immediately after trauma, while the most suitable way of providing peer support is to be determined based on personal needs of survivors;
- Community services performed by survivors have been seen as a powerful empowerment tool for achieving their recovery objectives through improved sense of inner 'self' and social identity.

Advocacy actions have played an important role during the entire process: a) during preparation - to call for support and participation of all parties involved (individuals, NGOs and government); b) during implementation (to report on progress and increase transparency); c) after implementation (to report on achievements and to share lessons-learned and recommendations).



This practice fully recognizes that Victim Assistance is a human rights issue and works towards integrating rights-based victim assistance in relevant laws and policies. By including, closely consulting and building capacity of victims and their representative organizations to advocate for the review the existing legislation, it ensures that victim assistance best addresses the needs of victims in the long term.

Photo 5: Velija Klepo was injured by a landmine in 1994 during a military task. The explosion of the landmine caused amputation of the left limb. Today, Velija is a successful producer of fruits and vegetables (by LSI, all rights reserved)

6. Key recommendations by initiating agency and multi-stakeholder discussion

After years of implementation of the peer-to-peer practice in BiH, as well as monitoring, evaluating, revising and improving the practice, a multi-stakeholder discussion was organized in late 2010 with the aim to present it to other stakeholders and to propose ideas about how the peer support could be replicated or scaled-up in other parts of BiH that have not yet been covered.

A regional training and presentation on peer-to-peer support gathered local associations of amputees from all over BiH (Banja Luka, Bijeljina, Bužim, Istočno Sarajevo, Trebinje, Velika Kladuša)

and from Zagreb, Croatia. Those associations have recognized the advantages of peer-support and have replicated the practice since. These organizations work in partnership with LSI and receive the grants in order to apply a three-pronged approach, covering health, economic opportunities and social empowerment. Furthermore, one association (the association of amputees UDAS from Banja Luka) has advanced well in applying the same peer-to-peer model. Additionally, the peer-to-peer practice has been recognised by the Rehabilitation centre from Banja Luka that has tested and applied it in empowerment of amputees and other persons with disabilities.

How could this practice be scaled up? Recommendations by LSI and other associations working on peer support:

- An integrated 3-pronged (health, economic, social) approach is the most effective way to address needs of survivors. An integrated approach should be interpreted in a broad way as a rights based, cross-sectoral and survivor-centred program with impacts at three levels: individual (landmine survivor), organization (landmine survivors' associations and DPOs) and institutional (service users/governmental).
- Important to consider a broader definition of a landmine victim/survivor¹ and the needs of the family of those killed or injured in planning and developing landmine victim assistance programs.
- Peer support and conventional psychosocial support offered by professionals (psychologists, psychotherapists, social workers, etc) should work hand-in-hand, not conflicting but complementary, to ensure the most effective support to survivors in the recovery process.

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Read the full report: [Examples of good practices in mine action in Bosnia and Herzegovina](#)

¹ Victim is an individual who has suffered harm as a result of a **mine** or **ERW accident**. In the context of **victim assistance**, the term victim may include dependants of a line/ERW casualty, hence having a broader meaning than survivor. IMAS, 04.10, second edition (01 January 2003);

Also: "All persons who have been killed or suffered physical or psychological injury, economic loss, social marginalisation or substantial impairment of the realisation of their rights caused by the use of cluster munitions. They include those persons directly impacted by cluster munitions as well as their affected families and communities", Convention on Cluster Munitions