December 2015

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Recommended Citation
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Providing Integrated Peer-support Assistance to Landmine Survivors

Landmine Survivors Initiatives implemented a three-pronged, peer-support assistance system to meet landmine survivors’ needs in Bosnia and Herzegovina. This practice is the combination of an approach and methodology to provide integrated assistance to landmine survivors.

by Amir Mujanovic [ Landmine Survivors Initiatives ]

Velija Klepo was injured by a landmine in 1994 during a military task and later had his left leg amputated. Today, Klepo is a successful producer of fruits and vegetables.

All photos courtesy of LSI.

The mid-1990s was a period of advocating for the Anti-personnel Mine Ban Convention (APMBC), during which landmine survivors actively took part in the process along with many public figures around the world.

Peer-to-peer practice strives to make a measurable change in the lives of landmine survivors through expertly designed and integrated programs in the sectors of health, economic opportunity and social empowerment. It empowers landmine-affected individuals, families and communities to recover from trauma, claim their rights and reclaim a fully functional life.

Peer-to-peer Process

Peer-to-peer practice was originally developed in the 1990s by landmine survivors from the United States who established the global nongovernmental organization (NGO), Landmine
Survivors Network (LSN). Though this approach has been applied in several countries, it was originally launched in Bosnia and Herzegovina and implemented by Landmine Survivors Initiatives (LSI), an NGO established and run by survivors, providing assistance to other survivors. From 1998 to 2009, LSI was known as Landmine Survivors Network BiH. Development of the approach involved continual collaboration and idea exchange between the U.S.-based LSN team and the branch office in Bosnia and Herzegovina. The framework developed in the United States was then tested, implemented, refined and finalized for use in Bosnia and Herzegovina.

The guiding principle follows that every person must be in charge of determining his/her own path to recovery. Attention is paid to the person as a whole on their journey to recovery—a process in which the person transitions from phases of victim through survivor to a fully functional, integrated citizen.

Survivors’ needs are personal and different in each of these phases. This support therefore encompasses different components such as emotional and psychological support, increasing mobility, achieving economic independence, and advocating for survivors’ rights and their roles within society.

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

- **Health.** Landmine survivors and their families are 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.

- **Economic opportunity.** Landmine survivors regain self-confidence and achieve equal access to economic opportunities as a functioning member of society.

- **Social empowerment.** Landmine survivors and persons with disabilities receive the training and tools needed to claim their human rights.

As an alternative to visiting individual survivors’ homes, group support methodologies were used extensively as a cost-effective way of providing support to trauma survivors. Using a standard methodology, LSN designed and developed an
organizational structure over the course of 12 years to support services to landmine survivors in the community. Activities focused on making contact with survivors and providing services to those in need of psychological support and social reintegration.

**Peer-support Services: The Core of the Recovery Model**

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

Outreach workers are landmine survivors who received training in peer support. They are skilled in establishing a relationship of trust and providing the emotional support, motivation and practical information necessary for survivors to make and implement their own decisions. Their training and shared experiences with their peers prepares them to discuss the mental and behavioral consequences of psychological trauma, and how best to cope with these changes. They also receive training on how to recognize life-threatening health conditions and seek medical attention on behalf of survivors when needed. Outreach workers can determine survivors’ health goals, assess their current and desired employment situations, determine which assistive devices they’d like to use, and help envision the ways in which they would like to participate in the community. During peer-support visits, outreach workers help survivors facilitate their social interaction with family members, friends and society at large.

When survivors require referrals to specialized services—such as medical care, mental health support, assistance with meeting basic human needs or enrolling in welfare assistance/insurance programs—outreach workers may refer or direct survivors to the appropriate service provider. Helping survivors connect to specialized services allows outreach workers to influence system-level changes and obtain services, grants and jobs for survivors that LSI could not provide.

In cases where survivors are unable to pay for services and other sources of support are not available, ensuring an emergency fund is important to provide direct assistance in the
form of goods (e.g., prostheses, food, tools, raw materials, livestock) or services (e.g., training, education) to help survivors meet their urgent health-related needs or to help their families move toward economic independence. An organization’s ability to provide direct and concrete assistance where necessary reinforces the confidence between outreach workers and landmine survivors, where the survivor sees a benefit to their involvement in the program.

Special attention is given to building landmine survivors’ capacity on disability rights and increasing their advocacy skills through local, national and regional cross-disability trainings as well as through participation in national and international campaigns, or global coalitions. LSI as well as LSI-established coalitions, organized and ran several national campaigns that culminated with ratification of the U.N. Convention on the Rights of Persons with Disabilities by the state authorities in Bosnia and Herzegovina.

LSI actively encourages all survivors to participate in community service for the benefit of other survivors and their communities. This contributes to survivors’ recovery by providing an opportunity to demonstrate leadership and engage the community. Survivors giving back to communities enables LSI to sustain and multiply the effects of its program.

Key Successes and Project Impacts

The model is designed to work at creating change at three levels: individual, organizational, and local and national level systems. Work at the individual level refers to survivors and their families. Work at the organizational level includes organizations of survivors and amputees, disability organizations, and employers and service providers. System-level engagement assumes work with competent authorities, ministries and institutions at all different levels in Bosnia and Herzegovina.

Significant success has been observed at the individual level, as an increasing number of survivors improved their health-related quality of life, sense of physical and social functioning, and emotional well-being. Moreover, they increased their employability, diversified their job skills, and improved their knowledge of rights and advanced advocacy skills.

Contributing Factors

The approach is highly effective but demanding on resources, time and energy. To make this practice possible, a number of elements must be in place:

- **Collaboration between different stakeholders**, including those from the government, public sector, business, NGO sector and media
- **Training and capacity-building** of staff, especially outreach workers who are survivors and crucial in empowering other survivors in their recovery and reintegration through peer-to-peer counseling
- **Travel fees** of outreach workers who use their own vehicles to visit survivors in homes and hospitals
- **Human resources costs**, as teams consist of program specialists (e.g., social workers and economic and advocacy coordinators)
- **Monitoring and evaluation tools** that are well developed and in place to ensure changes are documented and implemented
- **Tailored support to individuals** and using resources (time, money, people) appropriately requires first determining which survivors need high levels of support and which need lower levels of support; some survivors may have their own personal networks or support to mobilize. This will ensure support tailored for every individual.

Challenges

- Though peer support is integrated into several key national strategies and policies (i.e., the respective disability strategies for Republika Srpska and the Federation of Bosnia and Herzegovina and the Victim Assistance Sub-Strategy), integration of peer support in the system level remains the biggest challenge for the future.
- Most survivors live in rural areas, and outreach workers travel many hours to bring service and support directly to survivors. Thus, adequate and well-organized financial and logistical support is necessary to ensure that outreach workers reach the homes of landmine survivors.

Utilizing locally available services and opportunities is of the utmost importance. 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 after graduating from a program.
Vujadin Tomic, a 61-year-old man with a foot amputation, states, “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, a 37-year-old landmine survivor, affirms 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, 17, with a below-knee amputation, says, “After losing my leg, 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.”

Aleksandar Cvijanović has benefitted from playing sitting volleyball.
• Obtaining services from other agencies and institutions is a continual challenge due to the complex needs of landmine survivors versus the lack of funding and opportunities typical of many service providers.

Lessons Learned

• Based on 17 years of experience, peer support has proved an effective way of assisting survivors with recovery and is strongly linked to mental health and economic success, which is particularly the case in environments lacking quality service providers, especially in the domain of psychological well-being.

• Peer support is most effective if provided immediately after trauma; peer support is best provided by first determining the personal needs of survivors.

• Community services performed by survivors are seen as an effective empowerment tool for achieving recovery objectives through an improved sense of inner self and social identity.

Advocacy also plays an important role throughout the peer-support process; during preparation, to call for support and participation of all parties involved (individuals, NGOs and governments); during implementation, to report on progress to increase transparency; and after implementation, to report on achievements and share lessons learned and recommendations.

This practice fully recognizes that victim assistance is a human rights issue and works toward 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 of existing legislation, it ensures that victim assistance best addresses survivors’ long-term needs.

Multi-stakeholder Discussion

After years of monitoring, evaluating, revising and improving the peer-to-peer practice in Bosnia and Herzegovina, a multistakeholder discussion was organized in late 2010 to propose ideas about how peer support could be replicated or scaled-up in other parts of the country not yet covered.

A regional training and presentation on peer-to-peer support gathered local amputee associations from Bosnia and Herzegovina (Banja Luka, Bijeljina, Bužim, Istočno Sarajevo, Trebinje and Velika Kladuša) and Zagreb, Croatia. These associations recognized the advantages of peer support, replicated the practice and worked in partnership with LSI. Some organizations received grants from LSI in order to apply a three-pronged approach covering health, economic opportunities and social empowerment.

Key Recommendations

• An integrated, three-pronged (health, economic and social) approach is the most effective way to address survivors’ needs and should be interpreted broadly as a rights-based, crosssectional and survivor-centered program with impacts at three levels: individual (landmine survivor), organizational (landmine survivors’ associations and disabled people’s organizations) and system (institutions and governmental entities).

• A broader definition of a landmine victim/survivor and the needs of the family of those killed or injured is essential when planning and developing landmine victim-assistance programs.1

• Peer and conventional psycho-social support offered by professionals (psychologists, psychotherapists, social workers, etc.) should work hand-in-hand to ensure survivors experience the most effective support and recovery process. See endnotes page 66