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Global victim assistance (VA) progress on the ground

Respondent profile

A diverse range of survivors were surveyed in 25 of the 26 relevant States Parties and 1,561 survivor responses were analyzed as of July 2009 (84 additional responses could not be used). The demographic composition of all the respondents matched closely with global trends among survivors. In a small number of countries, obtaining a completely representative sample was constrained by the limitations of in-country project partners and/or political or security limitations (Guinea-Bissau, Burundi and Peru). Due to similar but more severe constraints, it was not possible to survey any survivors in Eritrea without endangering partners or research team members.

Although adults were slightly over-represented, as it would be too difficult and inaccurate to interview young children, a significant number of adults had experienced their incident while in childhood. Men made up 86% of respondents, women 11%, boys 2% and girls 1%. Respondents resided in all types of living areas: 39% lived in villages with some limited services, 20% in large cities, 20% in the country's capital, and 16% in remote areas without services.¹ Most people (71%) were heads of households and 44% owned property. Almost 20% of respondents had not received any formal education and just 38% had started secondary education or higher.

Just 8% of survivors were unemployed prior to their incident. After the incident, this rose to 25%, with many more just not answering the question or noting that their work was "limited", "occasional", "a bit of everything" or "whenever they could". Those who became unemployed mostly gave their disability as the reason. Among working survivors, most had to change jobs and many could no longer even work as subsistence farmers, the main occupation in many of the countries, for example, in Cambodia or Thailand. It needs to be noted that the majority of respondents was interviewed through survivor organizations and disabled people's organizations of which they were members or through NGOs where they worked or were beneficiaries (often of economic reintegration projects). This would have affected the response on unemployment and it is certain that the unemployment rate among survivors and persons with disabilities in general is much higher. For example, in Sudan 42% of survivors lost their livelihood, in Afghanistan unemployment of persons with disabilities is estimated at more than 70% and in Eritrea just 10% of persons with disabilities have a job. Nearly three-quarters of respondents (74%) thought that their household income was insufficient. It is likely that the survey also over-represented survivors who are part of peer support networks and that, in general, many survivors were more isolated than those surveyed.

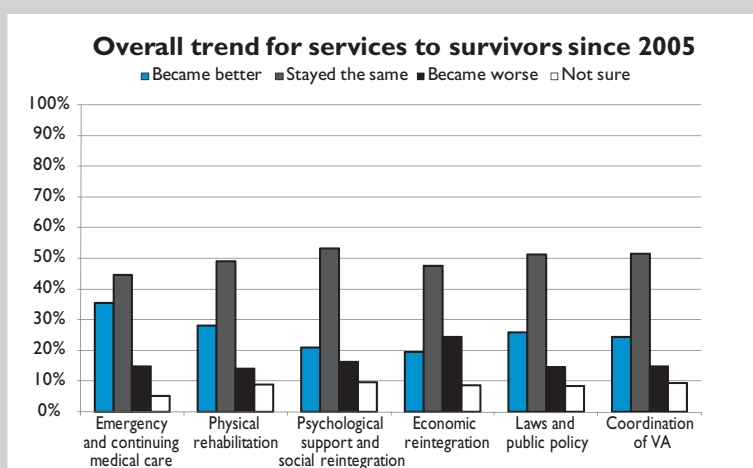
General findings

Over two-fifths of respondents (42%) had never been surveyed by the government or NGOs in the last five years, and 30% had been surveyed three or more times. Results varied significantly across countries. In some countries, such as Albania, survivors were regularly consulted about their needs. In others, such as DRC, this survey was the respondents' first in at least five years. Just 28% of survivors thought they had received more services as a result of these surveys.

About 32% of survivors thought that services for children were “never” adapted to their needs. Although female participation was too limited for accurate extrapolation, some 44% of survivors thought that women had “equal” access to services as men, but the

second largest group (20%) thought that services for females were completely “absent”. Just 10% thought that women received better services than men. Overall, women responded more negatively to this question: 34% thought that services were “equal”; 23% said services were “absent”; and 9% said “better”.

Overall, just one-quarter of all respondents thought that they were receiving more services in 2009 than in 2005. Some 28% thought that services were better in 2009 compared to 2005.



Emergency and continuing medical care

The area of most progress was emergency and continuing medical care. But still less than two-fifths of all respondents (36%) saw progress. While responses varied significantly across countries, generally the areas of most satisfaction were: improved infrastructure of health facilities (44% thought so), and an increased number of health centers (41%). Nevertheless, fewer people thought that they could get the medical care they needed closer to home. Issues of least progress were: the availability of sufficient supplies and equipment at health centers (29%), medical teams with a more complete set of skills and the availability of emergency transport and medication (33% for all).

In many cases, there was indeed an increase of medical facilities and better infrastructure due to broader development projects in the health sector, such as in Thailand. However, more specialized medical care was highly centralized in capitals and a few major cities in each country, for example, in Yemen. While efforts were made to train more staff, they were often not willing to work in rural areas. Emergency response mechanisms were lacking throughout and response effectiveness was often hampered further by bad road networks or insecurity, for example, in Colombia. Basic care was also generally free of charge, but continued medical care, medication and transport and accommodation were not, making services effectively inaccessible for survivors, which is a major obstacle, for example, in El Salvador.

Physical rehabilitation

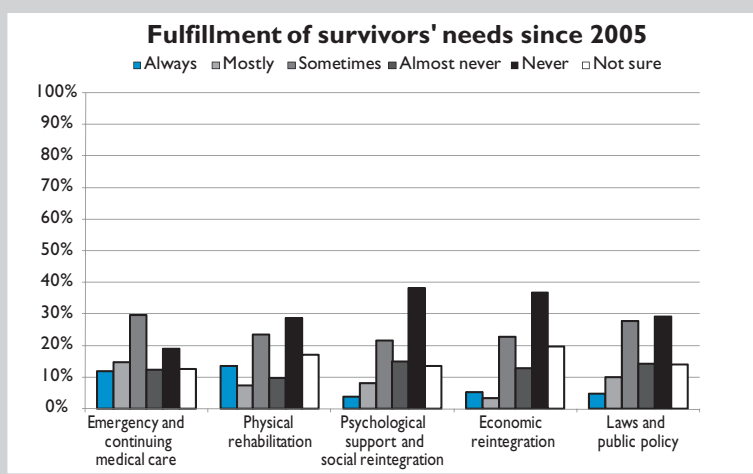
Just 28% of survivors globally believed that physical rehabilitation had improved since 2005; most thought that the situation remained unchanged. Just 24% of survivors thought that the government now provided more support to physical rehabilitation than in 2005. Areas of most progress were the quality of mobility devices (39% thought so) and better trained staff (also 39%). Much less progress was seen in the number of physical rehabilitation facilities, the possibility to get services closer to home and the availability of mobile

workshops to provide repairs or some other basic services. For each of these, just 18% of survivors saw advances.

Physical rehabilitation is often only available in major cities while most survivors live in rural areas, for example, in Peru. If transportation and accommodation was provided, this positively affected the responses of survivors, as occurred in Tajikistan. In the majority of countries, the physical rehabilitation sector remained heavily dependent on international support – in some cases, it is almost entirely run by international organizations, such as in Cambodia. In countries where this international support ended, service provision declined and was expected to decline further, as is the case in Angola. These international organizations also ensured continuous training and improvement in devices, which increased the daily comfort of survivors significantly, for example, in Nicaragua. NGOs and international organizations were usually also the ones providing transport and accommodation coverage.

Psychological support and social reintegration

Just 21% of respondents thought that psychological support and social reintegration services had improved since 2005. The area where the least survivors, just 19%, saw improvement was in the level of government support. Most advances were made by survivors themselves or with the support from family, friends, and to a lesser extent NGOs: over time, they had started to feel more empowered (45% felt this way) and had become more involved in community activities (47%).



These two advances had little to do with any actual improvements on the ground, as services were often chronically lacking, stigmatized or virtually non-existent. The fact that many respondents were part of peer support groups influenced responses. Nevertheless, just 23% thought that this much-needed support mechanism had become more widespread, for example, in Mozambique, where no one thought this was the case. The importance of psychosocial support was not often recognized, as in Chad. Services were small-scale and provided by NGOs usually not targeting mine/

ERW survivors, as in Burundi. Few well-trained staff existed and just 24% of survivors saw improvement in that situation. This, for example, was the case in Serbia where services were, in theory, available in social centers but staff had only basic skills.

Economic reintegration

Economic reintegration is the area where most respondents (24%) thought the situation had worsened and just 19% saw improvement. More worryingly, just 9% of survivors thought that they would not be the last ones to be chosen for a job. Most progress was seen in the level of educational and professional discrimination (37% thought it had fallen). Around 29% of survivors thought their access to education had increased and 25% thought the same about vocational training opportunities. But for the vast majority, this did not translate into actual employment opportunities (16% saw an improvement) or the means to set up their own business (15%). Employment quotas and job placement mechanisms for persons with disabilities were totally ineffectual, for example, in Bosnia and Herzegovina or Jordan. Just 13% thought that employment quotas were enforced more often and 15% thought that job placement services had improved since 2005.

Economic reintegration initiatives were usually carried out by NGOs and remained small-scale. Nevertheless, when survivors had accessed these initiatives, this very strongly influenced their response, for example, in Ethiopia or Sudan. Survivors generally had insufficient access to the economic reintegration activities of broader development programs, for example, in Senegal. Often survivors' education levels were too low to be able to enroll in skills training, for example, in Colombia. Entry fees for training and education were a challenge in several countries, as was transportation and accommodation if it was not covered by NGOs.

Laws and public policy

About a quarter of respondents (26%) found that the protection of their rights had increased since 2005. Overall the areas of most progress were increased awareness about the rights of persons with disabilities (43% saw improvement), for example, in Jordan, and the less frequent use of negative terms about persons with disabilities (45%), as in Uganda. While survivors in many countries noted that laws and policies relevant to them and other persons with disabilities had been developed, they saw less progress in the actual enforcement of these laws and legislations (33% saw progress), for example, in Croatia. In other countries, such as Iraq and Afghanistan, the lack of effective disability legislation was seen as a severe obstacle.

VA process achievements as seen by survivors (coordination and inclusion)

The 26 relevant States Parties increased their focus on strengthening coordination mechanisms in 2005-2009. But overall, just 39% of survivors knew who was in charge of VA/disability coordination in their country and only 24% thought that coordination had improved. Often, coordination did actually increase and improve but for many survivors this had not been translated into more effective service provision, for example, in Sudan. In other countries, such as Bosnia and Herzegovina, coordination was lacking throughout 2005-2009.

Some 35% of survivors thought that coordination with NGOs had improved and 37% thought that more links had been established with the disability sector in general. This was for example the case in Uganda or in Afghanistan. However, in countries like Yemen or Guinea-Bissau, these linkages were missing completely and severely hampered the sustainability of VA provision.

Just 21% of respondents thought that survivors were included in VA/disability coordination and just 26% thought that VA plans and priorities were based on the actual needs of survivors. Some of the notable exceptions were Tajikistan and Albania which consistently tried to conduct needs-based programming and include survivors in coordination. However, both have a relatively small-scale problem. Some 38% of respondents thought that survivors were involved more often in the implementation of VA/disability activities. However, this percentage is likely too high as many respondents were NGO, DPO or survivor organization members. Just 17% thought that they received regular information about achievements in the VA/disability sector, despite the fact that nearly all of the 26 countries reported at least once a year at international MBT meetings, possibly indicating a greater focus by governments to provide updates abroad than in their own countries.

Overall, progress made by the 26 states has been strongly influenced by their national technical and financial capacity and country context, but also by their level of political will. Most survivors (65%) acknowledged that their governments did not have sufficient resources, but at the same time, just 22% thought that their governments had actually increased their national contributions to VA/disability since 2005. Some 34% of survivors thought that their governments had become more involved in VA, but just 15% thought that there had been sufficient political will to ensure improvement to the lives of survivors.