



Strategic overview of armed violence data collection and analysis mechanisms (South Eastern Europe)



SEESAC

South Eastern and Eastern Europe Clearinghouse for the Control of Small Arms and Light Weapons





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Acronyms

| | |
|--------|--|
| AVPP | BCPR and WHO Armed Violence Prevention Programme |
| BCPR | Bureau for Crisis Prevention and Recovery (UNDP) |
| BIA | Security Intelligence Service (Republic of Serbia) |
| BICC | Bonn International Center for Conversion |
| BiH | Bosnia and Herzegovina |
| CNIPH | Croatian National Institute of Public Health |
| CSM | Superior Council of Magistracy (Romania) |
| DRG | Diagnostic Related Group (Romania) |
| EAR | European Agency for Reconstruction |
| EHD | European Health Database (FYR Macedonia) |
| EWR | Early Warning Report |
| GIP | General Inspectorate of Police (Romania) |
| ICD | International Statistical Classification of Diseases and Related Health Problems |
| ICD-10 | International Statistical Classification of Diseases and Related Health Problems, Tenth Revision |
| ICECI | International Classification of the External Causes of Injury |
| IDSCS | Institute for Democracy, Solidarity and Civil Society (FYR Macedonia) |
| IPH | Institute of Public Health |
| ILO | International Labour Organization |
| KFOR | Kosovo Protection Force |
| KPS | Kosovo Police Service |
| MoHSP | Ministry of Health and Social Protection |
| Mol | Ministry of Interior |
| MOPO | Ministry of Public Order (Albania, now the Ministry of Interior) |
| MUP | Ministry of Internal Affairs (Republic of Serbia) |
| NCHI | National Centre for Health Information (Bulgaria) |
| NGO | Non-governmental organisation |
| NSI | National Statistical Institute (Bulgaria) |
| OSCE | Organisation for Security and Co-operation in Europe |
| SALW | Small Arms and Light Weapons |
| SAS | Small Arms Survey |
| SEE | South Eastern Europe |
| SEESAC | South Eastern and Eastern Europe Clearinghouse for SALW Control |
| TI | Transition International |
| UISCC | Unified Information System for Combating Crime (Bulgaria) |
| UNDP | United Nations Development Programme |
| UNICRI | United Nations Interregional Crime and Justice Research Institute |
| UNMIK | United Nations Mission in Kosovo |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |



Executive Summary

Armed violence data gathering systems in SEE countries vary in quality and coverage of the population. No single country embodies best practices by itself. In existing research, because of the lack of continuous monitoring, data has sometimes been generated by research that attempts to recover information on armed violence retrospectively. Different methods for doing this offer differing degrees of reliability; analysis of media reports and perceptions surveys offer an important substitute for continuously gathered data, but are unreliable for a number of reasons. Other studies have been obliged to recover data from past records, which were not designed for storing data specifically on armed violence. In other cases, individual institutions have conducted their own data gathering, and have supplied useful fragments of a comprehensive picture of the problem.

More rarely, information specifically covering armed violence has been gathered systematically on a national level. In these cases, lack of standard equipment, variations in the qualification, motivation or availability of staff, poor facilities, lack of structures for handling data and other problems can hamper the quality of information produced. Even where information is gathered routinely with modern standardised equipment, a tendency in SEE to gather records only for the sake of doing so means that analysis is either not made or makes no difference to public policy. Nowhere in SEE is continuously gathered, reliable information on injuries inflicted by small arms and light weapons (SALW)¹ clearly connected to policy-making circles, and made a routine part of national strategies, action plans and other laws or initiatives. This could be altered through concerted investment in more comprehensive national or regional systems to gather information routinely on SALW-related injuries, offences and prosecutions.

The rationale for doing so would not necessarily be accepted by the governments of the region: small arms are problematic in different countries in SEE to different degrees, and for different reasons. Where SALW possession levels are very high, the weapons may pose more of a potential than an actual threat. On those occasions when violence erupts on a large scale, institutions for measuring injury rates are likely to lose their coverage of the population, impartiality or capacity to measure the problem. In these situations, deteriorations in security are often clearly visible without the aid of specific data on the subject, and (for better or worse) both analysis and policy responses tend to be made without reference to data.

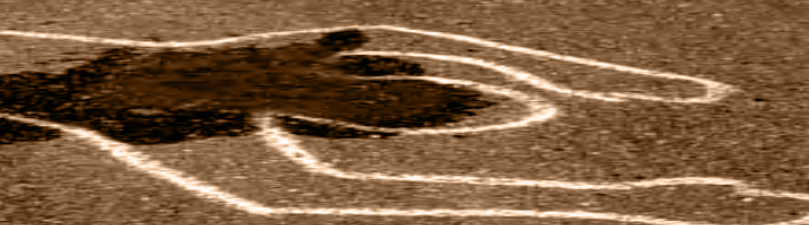
In other SEE countries, levels of injury due to armed violence are very low, and government resources cannot justifiably be spent to enhance the monitoring of a minor threat to public welfare. In such countries, there may be much more pressing public health problems to monitor, such as the effects of smoking or traffic accidents. In terms of SALW Control in these countries, areas such as stockpile management or strategic export controls may require much more urgent attention than the development of injury and crime data systems.

Nevertheless, it is clear that better monitoring of injury levels can be adopted with relatively small amendments to standard forms in use among healthcare institutions, and databases to capture the information. Healthcare institutions, which maintain records on admissions or treatments offered, have a unique capacity to monitor almost every case of armed violence that occurs in the population that they serve, unless there are specific reasons why the patient would not seek treatment for the injury.

The conclusion of this report offers a starting point for those SEE countries that wish to develop a system through healthcare providers to monitor armed violence. Following the approach of the WHO to injury prevention, it would be possible to build a system in each country that would adequately monitor the level of armed violence and identify the social determinants of the problem. If regional countries wish to harmonise their data collection systems, a collaborative consultation involving all stakeholders (particularly those operating the system, and those wishing to use the resulting information) would be an appropriate next step.

One benefit of building capacity to gather data on crimes, prosecutions and convictions is that by comparing the rate of injury to levels of reported firearms crime, prosecution and conviction, the efficiency of law and justice systems in controlling armed violence could be better analysed. Better information on levels of armed violence

¹ There are a variety of definitions of SALW in use. This report uses the SEESAC definition of SALW as, 'all lethal conventional munitions that can be carried by an individual combatant or a light vehicle, that also do not require a substantial logistic and maintenance capability'.



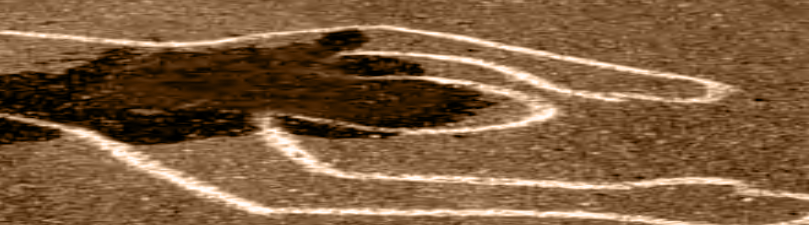
can also help to monitor other projects by civil society, the Government or international organisations that aim to improve public safety and tackle the problem of violence.

Police and criminal justice systems already keep records of some kind in all countries in the region. At present, law enforcement agencies and judicial systems in the region tend not to distinguish firearms crimes from overall crime, typically classifying offences under the penal code. Typically, law and justice institutions in SEE are not as open with information on crime, prosecutions and convictions as they might be, and lack the strategic vision to assert the significance of data gathered for policy making. The transition from communism appears to have left its mark on many regional institutions whose practices are described in this report. It is apparent in many cases that data gathering is conducted to fulfil a bureaucratic imperative, generating information that is barely analysed, and not widely shared or used. No sweeping reforms would be needed to change this situation in relation to armed violence or injury surveillance. However, even in countries with the most advanced data gathering systems, the circle between social problems, data describing them, analysis of that data, and evidence-based policies and initiatives that can mitigate social problems, has not yet been closed.



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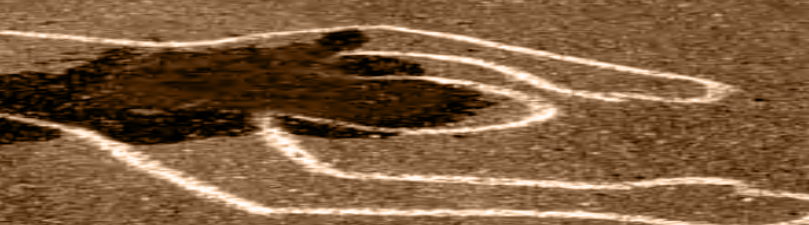
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Foreword

The United Nations Development Programme's Bureau for Crisis Prevention and Recovery (BCPR) and the World Health Organization (WHO) have initiated an Armed Violence Prevention Programme (AVPP) that focuses on those forms of armed violence prevalent at the inter-personal, local and national levels, which are not mass-based or institutional in nature. The AVPP is a response to an emerging recognition of the need for coherent, integrated, and evidence-guided strategies to address the issue of inter-personal armed violence at regional and local levels.

Although armed violence reduction is one of the operational objectives of all the small arms and light weapons (SALW) programmes within South Eastern Europe (SEE), there is a growing recognition that perhaps armed violence should not be addressed solely through conventional law enforcement approaches. Many effective violence prevention strategies focus on other factors that are determinants of armed violence at the individual, relational, communal and societal levels. This means violence prevention can be specifically addressed through targeted development assistance, human-centred security sector initiatives (such as community-based policing), local peace-building and conflict management, access to basic entitlements, and a range of other interventions.

In order to achieve progress and allocate resources appropriately in this area there is a need for development of strategies that are based on reliable evidence generated by continual monitoring at a sustainable cost. This will be a primary challenge, even for the countries of SEE, all but one of which are considered by the UN to be medium development countries. Despite their relatively developed governmental structures, due to the lack of data collection and analysis mechanisms successive research projects have revealed there to be very few reliable and comparable indications of the level of armed violence within the region's countries and territories.

This report offers an insight into current data gathering practices, and analyses the practicalities of improving the availability of operationally useful information, with reference to international best practices in this field.



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1 Introduction

Defining the strategy for the first phase of their joint Armed Violence Prevention Programme, which is due to run for three years from January 2006, the UNDP Bureau for Crisis Prevention and Recovery (BCPR) and the World Health Organization (WHO) outline their intended 'support for informed national dialogue on armed violence' in the following terms:

Country-specific projects will focus on supporting an informed national dialogue on armed violence in order to generate better understanding of its distribution, causes, nature and impact. Because lack of adequate data obstructs analysis and policy development, such discussions should be based on a comprehensive review of existing information within each country that provides a data-driven profile of armed violence as well as on-going responses and initiatives. This will include data from health facility reporting, criminal justice reporting, focused studies and reviews of national violence prevention policies and strategies along with community based initiatives to prevent violence.

The results of this will serve as the basis for a national dialogue between the government (and its various ministries and agencies), civil society (including national NGOs and the private sector), international organizations (including the UN family), other relevant stakeholders and interested donors on the problematic of armed violence and policy responses.[...] Particular attention will be focused on the need for enhanced data collection and surveillance systems and mechanisms, as well as mechanisms for sustaining dialogue and effective coordination between all actors at the national and local level.[...]

The programme will provide technical assistance and support to strengthen national and local capacities to address armed violence. Particular attention will be placed on strengthening mortality surveillance systems, ensuring data derived from these systems is shared across sectors within government and is used to drive policy, and linking enhanced surveillance activities with prevention initiatives. These key elements are intended to contribute to a more informed national dialogue on armed violence as well as policy development. Part of this task will involve working with various parts of governments to determine whether an existing data collection institution needs to be strengthened. Another aspect is to determine whether data from health, law enforcement and other authorities that maintain contact with victims and perpetrators of violence can be better integrated and the extent to which these data are representative.¹

As a first step towards establishing the feasibility of these activities in South Eastern Europe, the present report is designed to:

- Provide an overview of the mechanisms that exist at present in the countries and territories of South Eastern Europe for gathering data on armed violence;
- Examine whether they currently do, or could in the future, make a coherent contribution to policies and projects aiming to reduce armed violence;
- Analyse the requirements and opportunities for improving present systems to increase their potential role in informing evidence-based policies, initiatives and operations; and
- Discuss any identifiable challenges in terms of resources and political will, which could limit the potential for improving current systems.

¹ UNDP/WHO, 'The Global Armed Violence Prevention Programme (AVPP) PHASE I: Support for the Development of a Framework to Address the Impacts of Armed Violence on Human Security and Development. Programme Document', 05 May 2005, (hereafter AVPP Programme Document), p. 9.



2 Best practices in information-gathering

The purpose of this introductory section is to outline the various methods for information gathering on armed violence that might be useable in the context of South Eastern Europe. In terms of the different potential sources that could be used by armed violence monitoring initiatives, a range is available. Each of these sources typically carries its own strengths and weaknesses. They are summarised in the following table.

| SOURCE | KEY CHARACTERISTICS |
|---|--|
| Death certificates | <ul style="list-style-type: none"> ▪ Only for mortal injuries. ▪ Unlikely to record useful details of injury. ▪ May conceal true manner of death. ▪ The system may break down during armed conflict/when law and order is weak. |
| Vital statistics registries | <ul style="list-style-type: none"> ▪ Mortality, homicide and suicide statistics are often compiled (though not specifically showing firearms-related deaths). ▪ The system may break down during armed conflict/when law and order is weak. |
| Medical examiners', coroners' or mortuary reports | <ul style="list-style-type: none"> ▪ Only for mortal injuries. ▪ Unlikely to record useful details of injury. ▪ The system may break down during armed conflict/when law and order is weak. ▪ May be confidential. |
| Emergency room records | <ul style="list-style-type: none"> ▪ Key data source - first point of contact for majority of armed violence injuries. ▪ Staff may not have time to record useful information for each case. ▪ Sensitivity of seeking information following trauma/criminal incident. ▪ May not be an appropriate space for interviewing the patient/family. ▪ Healthcare may not be proportionately available to all areas or sectors of the population (possibly due to armed violence itself), which may exclude some injuries from the data. ▪ May be confidential. |
| Ward admission records | <ul style="list-style-type: none"> ▪ Help to identify the patient's disposition and length of treatment (to show the gravity of the injury). ▪ Risk of same injury already having been recorded by a different source. ▪ Healthcare may not be proportionately available to all areas or sectors of the population, which means that some injuries are not captured in the data. ▪ May be confidential. |
| Family doctor records | <ul style="list-style-type: none"> ▪ A source of data on injuries that may not be picked up elsewhere. ▪ Tend only to encounter minor injuries. ▪ Healthcare may not be proportionately available to all areas or sectors of the population, which means that some injuries are not captured in the data. ▪ May be confidential. |
| Clinic records or other medical records | <ul style="list-style-type: none"> ▪ A source of data on injuries that may not be picked up elsewhere. ▪ Tend only to encounter minor injuries. ▪ Healthcare may not be proportionately available to all areas or sectors of the population, which means that some injuries are not captured in the data. ▪ May be confidential. |
| Self-reporting (victimisation) surveys | <ul style="list-style-type: none"> ▪ Can reveal untreated/unreported cases (e.g. threats/intimidation which may not have been captured by injury surveillance or reported as crime; crimes in populations who do not trust law enforcement agencies). ▪ Generates retrospective data where continuous monitoring has not taken place. ▪ Possibility of over/under-reporting including for political reasons or reluctance to talk about crime. ▪ Expensive (therefore data not continuous). ▪ Difficult to execute reliable social research in unfamiliar culture in context of armed violence (require trained staff, complex sample design, reliable population statistics, access to population). ▪ Questions/methodology are not usually standardised and repeated to provide comparative data from different countries from year to year. |
| Special studies | <ul style="list-style-type: none"> ▪ Expensive (therefore data not continuous). ▪ Data usually not retrievable retrospectively. |



| SOURCE | KEY CHARACTERISTICS |
|-----------------------------|--|
| Focus groups | <ul style="list-style-type: none"> ▪ Important for in-depth insight into perceptions. ▪ Provide little insight into the statistical prevalence of a problem. ▪ Expensive (therefore data not continuous). |
| Media surveys | <ul style="list-style-type: none"> ▪ Reflect interests and prejudices of readership rather than social reality (dramatic, sensational stories emphasised). |
| Police records | <ul style="list-style-type: none"> ▪ Good on context e.g. perpetrator-victim relationship. ▪ Many injuries are not reported to police (especially among populations where trust in law enforcement is low). ▪ Crime data is hard to integrate with health data. ▪ Where armed violence is highest, the capacity of the criminal justice system to handle cases tends to be lowest. |
| Judiciary records | <ul style="list-style-type: none"> ▪ Not all injuries/reported crimes lead to criminal cases/convictions. ▪ Where armed violence is highest, the capacity of the criminal justice system to handle cases tends to be lowest. ▪ Can help to evaluate the efficiency of the criminal justice system in investigating and prosecuting armed criminals. |
| Crime/forensic laboratories | <ul style="list-style-type: none"> ▪ Do not always exist in resource-poor environments. ▪ Usually no information about context of injury. |

Table 1: Data sources for monitoring incidence of armed violence²

In fact, as the table makes clear, although all the sources listed could have a role in generating comprehensive data in a particular context, their utility and compatibility varies widely. Bearing in mind their generic characteristics, this report will discuss the track-record and potential of each of these sources for monitoring armed violence in the specific context of each of the countries discussed. Particular emphasis will be placed on the monitoring of data on injuries, crimes and criminal prosecutions.

2.1 Injury surveillance

International best practices in terms of gathering data on injuries have been developed by the WHO and have at their core the International Classification of the External Causes of Injury (ICECI). The WHO describes this as:

A detailed classification scheme for injuries that complements the existing International Classification of Diseases (ICD). It provides guidance, to both dedicated researchers and practitioners in the field, on how to classify and code data on injuries according to agreed international standards.³

In fact, the WHO system for classification of injuries consists of two parts. These are:

- *Expanded versions of Chapter XIX (Injury, poisoning, and certain other consequences of external causes) and Chapter XX (External causes of morbidity and mortality) in the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10); and*
- *A related classification scheme, the International Classification of the External Causes of Injury (ICECI), which provides classifications and codes for a range of factors that are associated with the occurrence of an injury event.⁴*

Use of the international classifications and codes established within the ICD and ICECI is a way to ensure that data gathered by different agencies in different areas or countries are compatible and comparable. Systems of surveillance which generate data on injuries classified according to these international standards are advocated by the WHO as the basis for being able to identify:

² The table draws upon but extends the table in Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p. 8.

³ Holder Y, Peden M, Krug E et al (eds), 'Injury surveillance guidelines', (Geneva, World Health Organization, 2001), p. viii.

⁴ *Ibid*, p. 2.



- What kind of injuries are occurring;
- What is causing them;
- What interventions can be made to eliminate or reduce the injuries; and
- How resources can be best used, or increased, in order to implement these interventions.

As well as the image they provide of the problem, it is argued that a key advantage of such systems is that they can generate insights into how a problem develops over time. They can also offer a very reliable source of evidence as to whether initiatives to reduce injury are succeeding, and a nuanced analysis of their effects on particular groups or areas.

A key advantage of injury surveillance systems is that they have the potential to be implemented at relatively low cost. Frontline medical staff tend to complete forms as a routine aspect of the service they provide to patients. The modification of forms to enable data to be generated need not necessarily involve great investment of staff time and financial resources.

In terms of armed violence, effectively implemented injury surveillance systems could be useful in being able to provide a detailed analysis of a wide variety of factors. Data produced by injury surveillance can reveal:

- *The size and characteristics of a health problem (i.e. what are the number of cases of injury, broken down by type, and what are the characteristics of each type?);*
- *The populations at risk (i.e. which kind of people are most likely to incur each type of injury?);*
- *The risk factors (i.e. what things contribute to each type of injury, and what things are associated with each type of injury?) and;*
- *The trends (i.e. is a particular type of injury occurring more or less frequently, and is it doing more or less harm?).⁵*

Factors that it would be useful to monitor in relation to armed violence injuries include:

- The scale of the burden firearms-related injuries place on the healthcare system;
- Whether injuries are intentionally or unintentionally inflicted;
- Which gender is most often victim or perpetrator;
- Which age group is most often victim or perpetrator;
- Whether injuries are more common among low-income, ethnic, refugee or other groups;
- Which kind of weapon causes more injuries;
- What kind of incidents lead to injuries (dispute, theft, suicide, domestic violence, legal intervention, civil disturbance);
- In which areas firearms injuries are most common;
- In what type of location injuries are most likely to take place;
- At what time of day/week/month/year injuries are most likely to occur;
- What the variations are in the type of injuries occurring in different areas;
- What kind of weapon causes the most lethal injuries; and
- Whether incidence of injuries is linked to the abuse of particular substances.

The utility of such information is potentially far-reaching, depending on whether the political will and resources to act upon it are in place. Examples of decisions that could be reached on the basis of such information include:

⁵ *Ibid*, p. 12.



- Targeting a particular age group with an intervention (awareness campaigns, stop and search initiatives, livelihoods/skills training/employment generation projects);
- Targeting violence which occurs in particular locations (policing and other safety measures in urban centres, campaigns against domestic violence, access to opportunities for violence affecting youth in deprived areas);
- Acting to control substances or substance abuse linked to violence;
- Criminalising the use of or attempting to collect, categories of firearm shown to cause greater numbers of injuries and fatalities;
- Controlling access to firearms among persons with a history of depression;
- Implementing safer community initiatives (community policing, street lighting, gun-free zones, inter-ethnic confidence building, dispute mediation) in the worst-affected communities;
- Increasing resources for or expanding an initiative which has been accompanied by reduced rates of injury (non-violent settlement of blood-feuds); and
- Increasing prosecutions of particular types of case (such as gender-based violence) and publicising convictions.⁶

In practice, information systems which could provide information on the factors listed, and lead to evidence-based policy approaches, are not common, and generally do not exist in societies where they would potentially be most useful (where problems of armed violence are linked to low state resources and capacity).

In order to be capable of making a worthwhile contribution to the establishment of effective violence reduction policies and strategies, it would be necessary for injury surveillance to be:

- **Simple.** The system should gather only useful information, and should not require duplication of efforts (for example, it should not be necessary for staff to enter the same information more than once on different forms).
- **Sustainable.** The cost, resources and staff time should be within the means of the institutions that are to gather the information.
- **Timely.** The information should be processed, analysed and made available when it is still current and useable.
- **Acceptable.** Data gathering should be carried out by staff that understand the importance of the data, and who have the time to gather it; it should also generate reports that are understandable and welcome to relevant stakeholders.
- **Flexible.** It should be possible to make modifications based on the needs of those who may wish to alter the system and the kinds of data it generates.
- **Confidential.** It should guarantee that the personal information and identities of patients is not disclosed.
- **Reliable.** The data should ideally draw on a classification of all the injuries occurring in the society covered, or at least offer a representative picture.⁷

The question of reliability is important when analysing the potential for armed violence to be successfully monitored in South Eastern Europe (SEE) through epidemiological surveillance. There are some general obstacles to the reliability of the information gathered. The different agencies coming into contact with injured persons may gather data according to separate, incompatible systems. Records, if kept at all, may be kept manually, which may make their analysis labour-intensive or time-consuming. Lack of computers may also make it harder to analyse and disseminate data. Records also may not include all the injury cases that the institutions come

⁶ Other indicators of an intervention's effectiveness are also important, as many factors can affect the incidence of injury in a given community.

⁷ This list is adapted from Holder Y, Peden M, Krug E et al (eds) 'Injury surveillance guidelines', (Geneva, World Health Organization, 2001), pp. 16 - 17.



into contact with. There may also be bureaucratic or legal obstacles preventing access to records for analytical purposes.

Although epidemiological surveillance if well designed and administered is likely to yield information which is operationally useful in SALW Control programmes, the attempt to monitor armed violence in SEE may be impaired by any or all of the following considerations:

- Certain areas or ethnic populations within SEE countries or territories may have different levels of access to healthcare treatment, or may not seek treatment for injuries because of distrust of healthcare provided by the Government. Their injuries would be under-represented in the data.
- Certain areas within countries may be under the auspices of a parallel or separate healthcare administration with different procedures for classifying injuries. These areas may very well be the areas where injuries resulting from political or ethnically motivated violence most frequently occur. This may mean that epidemiological surveillance can be expected to be an inaccurate tool for monitoring such violence in SEE.
- Injuries resulting from armed violence often involve the perpetration of a serious crime (organised crime, blood feuds, serious domestic violence). Therefore injured parties might well avoid treatment within the formal healthcare system. Even where treatment is sought, the injured party may seek to conceal the real circumstances of the injury.
- It may be in the interest of the authorities to emphasise or distort data reflecting the victimisation of one group in comparison to another for political reasons.
- There may be taboos against certain types of injury being accurately classified and documented (such as suicide or attempted suicide).

2.2 Criminal justice data

As already noted, not all of the information that contributes to the comprehensive monitoring of armed violence comes from the health sector. While the methodology for monitoring injuries through epidemiological surveillance is fairly developed, there are no comparable guidelines for measuring the incidence of crime and firearms-related crime in place at the international level. Crime data, whether collected by police, forensic laboratories, judicial, customs or other records, or through victimisation surveys, have an important contribution to make to the overall scope and nature of armed violence occurring in society. Police and judicial records have the potential to assist in the analysis of all the factors listed above in relation to injury surveillance. They have particular potential for providing contextual information about the incident (its causes, the relationship between victim and perpetrator, the type of firearm used for each type of offence). They are also crucial for monitoring the success of police and prosecutors to investigate and prosecute armed crime.

Attempts to monitor rates of crime or other trends related to SALW impacts, and compare them between countries, are problematic because of over- and under-reporting,⁸ and because of differences in the methodology used for gathering statistics. There are often problems co-ordinating the compilation of statistics gathered in different locations by particular agencies, and this is linked to the resources available for law enforcement as well as to staff professionalism. Countries where law enforcement is more ineffective tend to have a lower incidence of reporting of social violence to legal authorities, and low rates of prosecution and conviction for criminal offences, and this makes it hard to have confidence in data on crime in locations where armed violence is most problematic.

2.3 Crime victimisation surveys

A common method for gauging levels of crime in such contexts is to conduct questionnaires to find out how many of the respondents have been victims of different types of crime. Comparison of levels of armed crime at the international level is usually made on the basis of such surveys ('victimisation surveys'). These have strengths and weaknesses in comparison to surveillance via official record-keeping. A key advantage of victimisation surveys is that they can provide a reference point from which to interpret official data: if the number of crimes recorded by

⁸ It is estimated that only 24% of all violent crimes are reported in Central and Eastern Europe. Alvazzi del Frate A and van Kesteren J, *Criminal Victimization in Urban Europe*, (UNICRI, Turin, 2004), p. 16.



the police is falling, but public confidence in the police and personal safety is also falling, it is probable that actual crime is rising but being reported less frequently. Another advantage of such surveys is that they can operate retrospectively, and thus generate data about a society where ongoing data gathering has not taken place.

It may be difficult to use victimisation surveys to generate a representative picture of the occurrence of armed violence. As already noted, most of the incidents that could be defined as armed violence involve the perpetration of a criminal act. Thus respondents are often reluctant to discuss these issues, fearing the potential repercussions of doing so. Conversely, violence or human rights abuse may be over-reported, for example in contexts where they add legitimacy to a particular political cause. To conduct surveys that are reliable, it is necessary to use a complex methodology and trained staff, and cultural specificities can also make it difficult to produce reliable findings. This makes surveys of this kind expensive, and therefore they are not the optimal means of monitoring a problem over time.

2.4 Media analysis

Analysis of media reports is an important means of analysing the way armed violence is reported and perceived in society, especially in the absence of ongoing monitoring mechanisms. It can provide quantitative data on the number and types of incidents occurring, but the pre-selection of newsworthy stories, and biased and inaccurate reporting, are important factors limiting the reliability of information gathered from the media.

3 Report methodology

The chapter for each country/territory in this report follows a standard format. It begins with a brief overview of research reports which have produced primary data or documented available sources on armed violence, and then goes on to analyse structures and practices in the healthcare, law enforcement and judicial systems of each country or territory for collecting data on armed violence. The information is drawn from key informant interviews conducted with officials and employees of relevant agencies throughout SEE, according to a set of standard questions on the topic developed by Transition International. The 'armed violence data gathering and analysis interview guide' used by the researchers in each country or territory is included at Annex C. Although attempts were made to ascertain a uniform level of detailed information from officials in each country, and to cross-reference responses among a range of informants, the level of response varied significantly between countries. For this reason some national systems are described in this report in greater detail than others.

3.1 Existing monitoring and data at the regional level

Over 100 countries currently supply the WHO with detailed information on the number of deaths from different diseases, illnesses and injuries.⁹ Participation in the ICD and ICECI among SEE countries or territories is summarised in the following table.

| COUNTRY/TERRITORY | ICD 10 | ICECI |
|-------------------|---------|-----------|
| Albania | Yes | No |
| BiH | Yes | No |
| Bulgaria | Yes | No |
| Croatia | Yes | No |
| Kosovo | Yes | No |
| Macedonia | Partial | Yes |
| Moldova | Yes | Mortality |
| Montenegro | Yes | No |
| Romania | Yes | No |
| Serbia | Yes | No |

Table 2: Participation in ICD and ICECI in SEE

⁹ Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p. 257.



Albania

1 Availability of data

1.1 National policy on armed violence data

There is no specific policy on the collection of armed violence data in Albania, nor are there arrangements in place to analyse armed violence which take into account all potential sources of information on the topic. Thus different institutions gather information pertinent to armed violence in an uncoordinated way, without reference to the overall picture of the impact of armed violence.

In general the financial resources invested in compiling statistical information are limited, with the possible exception of the judicial system. The methods and equipment used for compiling statistical information have not changed for many years. Information that is gathered is typically not gathered to fulfil a specific purpose.

1.2 Participation in monitoring mechanisms

The current system for classifying diseases in Albania is compatible with the ICD-9 rather than the more recent ICD-10. Albania has participated in the ICD since 1993. There is no system in Albania providing information on external causes of injury. The WHO Office in Tirana is in the process of implementing a project that aims to update the current system of classification.

1.3 Data in existing reports

The recent survey of SALW issues in Albania notes '*the limited amount and reliability of data available on the mental and physical impacts of guns in Albania*'.¹⁰ While the report revealed some useful data for gauging the extent of the armed violence problem, alongside this there were also significant gaps.

In the survey, statistics from the Ministry of Public Order (MOPO, now the Ministry of Interior) were reproduced that charted the number of registered crimes and crimes against the person from 1992 to the present and murders from 1997 to the present. The figures for murder were broken down to distinguish how many killings were attributable to blood feuds. MOPO homicide figures did not, however, offer a distinction indicating what proportion of them was committed with firearms.¹¹

The most recent data distinguishing firearms homicides in Albania from total homicides were the figures for 1998 included in the WHO's *World report on violence and health*. The WHO figure of total homicides for this year was 660, 87 higher than the MOPO figure of 573, which calls into question the accuracy of the figures cited by one of the two sources.¹² The WHO also gave data for 1998 distinguishing between total suicides and firearms suicides. No more recent reliable national statistics on the number of firearm homicides and suicides have been produced. As noted by the SALW Survey, '*with improved epidemiological surveillance, more accurate data gathered over several years would enable more confident analysis of overall trends*'.¹³

The survey also offers examples of armed violence monitoring that is occurring on a sub-national level, which could have the potential to be developed into a national monitoring system. The Police Directorate of Tirana compiled a report containing data on firearms murders, armed robbery, attempted murder, injury and crimes

¹⁰ Holtom P, Smith H, Mariani B, Rynn S, Attree L, Sokolova J, 'SALW Survey of Albania - Turning the Page' (CPDE/Saferworld, 2005), p. 18.

¹¹ *Ibid*, p. 18.

¹² Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p. 322, cited in Holtom P, Smith H, Mariani B, Rynn S, Attree L, Sokolova J, 'SALW Survey of Albania - Turning the Page' (CPDE/Saferworld, 2005), p. 18.

¹³ *Ibid*, p. 20.



against the person involving firearms in the city for 2004.¹⁴ Similarly, local government and hospital officials were able to comment on trends in the levels of firearms homicides and injuries in Fier, Berat and Gjirokaster. A MOPO official also supplied figures on total murders and blood feud murders specifically in Shkodër – but the discrepancy between these local figures and MOPO's national figures again illustrates the unreliability of the statistics currently being gathered and made available.¹⁵

The clearest potential uncovered by the survey for developing a comprehensive system for monitoring armed violence injuries relates to the data supplied by two hospitals.¹⁶ The Military Hospital in Tirana provided data on the number of admissions resulting from firearm injuries treated at the hospital for the years 1997, 1999, 2001, 2003 and 2005. The data distinguished between fatal and non-fatal injuries, the region where the injury occurred (Southern, Central or Northern), and the number of admissions per month. Fier Hospital was able to provide data on firearm related admissions for the years 2000 - 2005. This data was disaggregated by the patient's gender and age group, whether the patient was from an urban or rural area, whether the injury was accidental or intentional, and the sex of the perpetrator.

Taken together, the figures from the two hospitals do provide insights that are important to policy-makers, and represent practices sustained for several years with local resources which could be modified and replicated to create comprehensive national statistics on the problem.

The International Criminal Victimization Survey (2000) conducted by the United Nations Interregional Crime and Justice Research Institute (UNICRI) compared incidence of crime and prevalence of victimisation in the Capital cities of Eastern and Central Europe, including Tirana.¹⁷ Although the report is useful in providing a framework for international comparison, it does not measure incidence of, and victimisation levels in relation to firearms-related crime specifically, or offer a framework for monitoring trends over time.

However, the household survey conducted for the SALW Survey of Albania offers a useful gauge of victimisation levels in the country in relation to firearms-related crime, with over 6.1% of respondents stating that a member of their family had been a victim of a firearms-related crime in the previous year.¹⁸

Such self-reported levels of victimisation do provide an important source of information where limited amounts of data are gathered by state agencies and where reported crime has an uncertain relation to actual crime. For example, while self-reporting and focus groups in Albania found that levels of perceived safety in Albania are rising, and the available health data suggested a consistent decrease in hospital admissions from firearms injuries from 1997 - 2005, the overall level of reported crime has risen consistently year on year from 2001 to 2004. Surveys measuring victimisation levels and perceptions thus allow such a rise to be interpreted as reflecting a growth in levels of reporting to authorities, rather than necessarily a growth in actual crime. However, conducting questionnaires is costly and therefore it is unlikely that the figures generated in the ICVS and the SALW Survey household questionnaires could be replicated to monitor trends over time.

The SALW Survey also used an analysis of media reports to identify trends in the frequency of reports on different types of incident for each month over the period 2002 - 2005. The analysis also offered some insight into the types of weapon used in incidents, the frequency of urban as opposed to rural incidents in media reports and the cause of the incident (such as property disputes, depression, jealousy or intoxication). Such analysis is useful because it provides an interesting additional source to compare with other types of data and it offers the potential for retrospective analysis where continuous data gathering has not been undertaken by other sources. However, media analysis is limited in that it may reflect a bias towards reporting on sensational stories.

¹⁴ Police Directorate of Tirana, 'Survey on the collection and surrendering of weapons, ammunitions and other military materials during the 1997-2004 period', 02 March 2005, cited in *ibid*, p. 19.

¹⁵ *Ibid*, p. 30.

¹⁶ *Ibid*, pp. 21-23.

¹⁷ Alvazzi del Frate A, van Kesteren J, Criminal Victimization in Urban Europe, (UNICRI, Turin, 2004), http://www.unicri.it/wwd/analysis/icvs/pdf_files/CriminalVictimisationUrbanEurope.pdf, accessed 26 June 2006.

¹⁸ Holtom P, Smith H, Mariani B, Rynn S, Attree L, Sokolova J, 'SALW Survey of Albania - Turning the Page' (CPDE/Saferworld, 2005), pp. 17-18.

1.4 Features of the main data gathering systems

Features of the main data gathering systems in Albania are summarised in the table below:

| DATA INDICATORS | HEALTH | FORENSICS (CRIME-RELATED INJURIES ONLY) | MOI | JUDICIARY |
|--|----------------------------------|---|-------------------------|-----------------------------------|
| Proportion of Crimes / Injuries involving SALW | No (Except Tirana Mil & Fier) | No (in records only) | No (in records only) | No |
| Intentionality | No (Except Fier) | No | No | N/A |
| Gender (Victim) | Yes | No (in records only) | No (in records only) | No |
| Age (Victim) | Yes | No (in records only) | No (in records only) | No |
| Gender (Perpetrator) | No (Except Fier) | No | No (in records only) | Yes |
| Age (Perpetrator) | No | No | No (in records only) | Yes |
| Victimisation (Ethnicity) | No | No | No | No |
| Victimisation (Income Group) | No | No | No | No |
| Types of Weapon causing Injuries | No | No (in records only) | No (in records only) | No |
| Type of Incident (Dispute, Theft etc) | No | No | No | No (Except by type of offence) |
| Injuries / Crimes by Geographic Area | No (Except Tirana Mil & Fier) | No | No (in records only) | Yes |
| Type of Location (School, Work etc) | No | No | No (in records only) | No |
| Time of Occurrence | No | No (in records only) | No (in records only) | No |
| Monthly Frequency of Injuries | No (Except Tirana Mil) | No | No | No |
| Link to Substance Abuse | No | No (in records only) | No | No |
| Prosecution Rates per Region | N/A | N/A | N/A | Yes |

Table 3: Features of the main data gathering systems in Albania

2 Injury surveillance data

2.1 Data gathering policy and budget

Classification of diseases seems to enjoy a relatively high degree of attention, partly because of strong donor support in this area.¹⁹ Records generally offer little detail on external causes of injury beyond classifying the type of the injury and the patient's condition but a more sophisticated system for gathering, holding and sharing

¹⁹ Information in this section is derived from interviews with Luan Nikollari, Director of the Medical Directorate, Ministry of Defense, 24 July 2006, Nurie Çaushi, Head of Statistics Department, Ministry of Health, 05 July 2006, Vasil Miho, Liaison Officer, World Health Organization Tirana 06 July 2006, Besnik Xhindoli, Doctor at the Emergency Clinic, Tirana, 30 June 2006, Eduard Gjika, Head of the Department of Orthopaedics, University Hospital Center "Mother Theresa", 14 July 2006, Bajram Begaj, Director of the Central Military Hospital 25 July 2006, and Hekuran Braho, Center of Traumatology, Central Military Hospital, 25 July 2006.



health information, the 'ALERT' system, has been established in recent years to monitor the epidemiological situation in the country.

The financial resources assigned for collecting health data were not shared with the research team. However, they were said to form a very small proportion of the total healthcare budget.

2.2 Data gathering practices

Practices are not unified among the different types of healthcare provider. Hospitals classify the diseases of patients, whereas clinics, family doctors and healthcare stations have records that simply reflect cases treated, and make no detailed classification of diseases. The data collected are concerned more with the condition of the patient and thus provide little information on external causes of injury. Injuries caused by SALW are not recorded as a separate category, but instead are classified under the same categories as injuries with other causes (for example, a broken bone or damaged organ).

Most trauma cases in Albania, including firearms injuries, are treated at military hospitals such as the Central Military Hospital in Tirana. Among military and non-military hospitals, the methods of record-keeping are nationally standardised, to ensure the use of the same forms and system. The research team was informed that there is a difference in the quality of data gathering, in that doctors in the military hospitals have a greater capacity to report accurately on injuries caused by SALW than those in civilian hospitals (as noted above, the capacity to provide data on firearms injuries is restricted to particular hospitals). There were said to be other variations in the quality of data linked to the standard of care at different institutions, the emphasis placed on record-keeping by the management and the commitment of individual doctors to the task.

At the Central Military Hospital, which treats about 11,000 patients per year including the most serious trauma cases, records are initially filled out manually and later processed electronically. Staff do understand the importance of the information that is collected in records and doctors have the skills to conduct interviews with sensitivity. It was noted, although not viewed as a problem, that there are no private rooms in which to discuss the details of an incident with patients or their families.

The forensic medical office is linked with the Ministry of Justice and has a different system of recording. The forensic office provides detailed information on the causes of the injury but this information goes only to the Prosecution Office and the Ministry of Justice, and is not incorporated with the information gathered by the Ministry of Health. Information gathered by the forensic office includes information on the type of weapon used to inflict injuries, the circumstances in which the injury was inflicted and the intoxication level of the victim.

All interviewees reported that information gathering could be improved: forms are said typically to be completed in a rushed manner; and while information recorded by doctors is generally accurate, other information contained in records can vary in quality if recorded by under-qualified nurses. It was also suggested that the type of information compiled could be improved.

2.3 Handling and management of data

The information that comes from surgery records, emergency room records and intensive care units is aggregated by local hospitals and then transferred to the Ministry of Health and the Institute for Public Health that is attached to the Ministry. No other records are incorporated into the current system for monitoring public health. In terms of software used to handle data, most information is transferred from hospitals to the Ministry in 'Excel', while the Ministry itself uses the statistical software package 'SPSS' to store and analyse the data.

An official from the Ministry of Health stated that it would be useful to employ people only for the gathering and processing of hospital data, because the data aggregation in the hospitals is done by staff that have little time and inadequate qualifications to process the data. The gathering and the transfer of the data is done as an additional task by hospital administrative staff, as there is no employee with this specific task. Thus the information often arrives late in the Ministry of Health and is not of a satisfactory quality. The Ministry of Health employs well-qualified statisticians to analyse the data collected. It also organizes random checks on the quality of information gathered. However, there is no systematic structure to evaluate the data gathering system.

2.4 Use and accessibility of data

The department of statistics of the Ministry of Health issues a report every six months on the basis of data collected from healthcare providers. Such reports are sent to the political staff of the Ministry of Health, the WHO, donors and the Prime Minister's office, as well as being available to all interested parties (such as the media or the general public). The information is made available in accordance with the Law on Information and the Law on Statistics.²⁰

There have been policy changes made on the basis of injury data, including initiatives to disarm the civilian population following the looting of weapons stockpiles during the period of instability in 1997.

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

Crime information is not classified with a strong emphasis on the involvement of firearms.²¹ The Ministry of Interior maintains statistics on reported crimes, which are classified according to the particular law broken. Most information on reported crime is dealt with by the police and the Prosecutor's Office. The primary emphasis is on the motive for and causes of the crime, and detailed information is not held by either institution. Although the exact budget for information collection was not disclosed, it was said to account for a very small proportion of the Ministry of Interior's overall budget.

3.2 Data gathering practices

A manual exists which provides clear guidance on information collection according to long established procedures. The police are in the process of producing a new version of the manual.

Police use different forms for different types of cases (trafficking, weapon possession etc) and it is obligatory for local police officers to comply with them. Although the records made of particular crimes contain information about the weapon, the gender, the age, the background of the victim and the perpetrator, the location and time of the incident and possible motives, these details are not standardised and processed into statistical information.

The quality of data was said typically to be the same throughout the country, with minor variations relating to the level of qualification of the police officers in local police stations, or the number of staff available for recording information. Officials generally do fill out forms for records in full and, except in emergency situations, have sufficient time to complete the records required. Thus extra staff are seen as less of a priority than modern equipment and staff training.

3.3 Handling and management of data

Individual police stations are not connected to a wider database. Crime data are compiled in a standardised way at the national level. Manually collected data are entered into a database by the administrative staff of the Directorate for Statistics and Analyses in the Ministry of Interior. The data are stored and managed using 'Excel' and 'SPSS' software. Although there are sufficient funds to maintain the current system, more funds would be required to provide for necessary modernisation. It was stated that a similar system to that required by the Ministry of Interior, has been installed in the Prosecutor's Office, at a cost of approximately US \$400,000.

²⁰ Ligj Nr.8503. Datë: 30.6.1999, "Për të drejtën e informimit për dokumentet zyrtare" (On the right to information in official documents). Ligj Nr. Nr.9180, datë 5.2.2004, "Pwr statistikat zyrtare" (On official statistics).

²¹ Information in this section is derived from interviews with Rasim Boriçi, Director of the General Directorate of the Public Order Police, 15 July 2006, Albert Dervishi, Head of Analyses and Statistics Department, Ministry of Interior, 20 July 2006, and Iva Zajmi, Deputy Minister of Interior, 28 June 2006.



3.4 Use and accessibility of data

Although information identifying individuals involved is not accessible to the public, statistics on police work are accessible, in some cases on the internet. Policy changes have been made on the basis of information provided by the police, and one example cited was that the high number of illegal border crossings has been a factor in determining policies tailored to the improvement of border control.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

There are systems in place to monitor rates of prosecution in court and convictions for each type of crime.²² Recently, the Government has equipped the Prosecutor's Office with a confidential electronic database that can be accessed by all prosecution offices in the country (the system is known as 'TIMS'). The budget for handling court records and information from them is said to have increased in recent years to the point where it is relatively well funded.

From time to time controls are initiated by the Prosecutor's Office or the High Court to verify the quality of the information gathered.

4.2 Data gathering practices

Data on prosecutions and convictions reflect the number of cases of each type of crime as classified under the law. Judicial statistics available offer information on the age and gender of the perpetrator, the laws under which prosecutions and convictions have been brought, the geographical area where the crime took place and the sentence imposed. There are no statistics specifically focusing on crimes related to armed violence.

Court records are processed manually at the local level. Practices in recording court data are standardised throughout the country according to clear guidelines. There are said to be no variations in the quality of data from different parts of the country. Court staff routinely complete records in full, as they are legally responsible for doing so. Although more staff were said not to be needed, more specialised staff were said to be necessary to gather and analyse the information and maintain the network.

The judicial system is said to have been well supported by the donor community in recent years, and therefore to have sufficient equipment levels to handle data in the way it would like.

4.3 Handling and management of data

Manually completed court records are converted to electronic format (using 'Excel') at the Ministry of Justice. There are clear guidelines for passing information up to the national level. Generally the process functions well, although there are delays in the submission of information from some local offices.

4.4 Use and accessibility of data

There are various examples of policies that have been influenced by the data gathered; the most distinct one has been a wave of laws and policies against the trafficking of human beings for exploitation, due to high levels of trafficking reported in the data collected.

²² Information in this section is derived from an interview with Adnand Kosova, Grave Crimes Prosecutor General, 15 July 2006.

5 Coverage of vulnerable groups

Interviewees remarked on the lower level of access to healthcare providers among the Roma in the North East of Albania. In remote areas of the country there is also a greater tendency to mistrust healthcare providers and to rely on traditional medicine, whereas in urban, more developed areas, people are more willing to make use of healthcare services. It is likely that this would distort the findings of any future epidemiological surveillance on armed violence.

Similarly, it was reported that the Ministry of Interior would have less precise information regarding criminal incidents in the North East of Albania than elsewhere in the country. The population in the North as well as the Roma population was said to have lower levels of access to law enforcement authorities than other groups. Information about remote rural areas is limited and sometimes injuries caused by SALW go unreported. Such cases would be recorded only if the victim sought medical assistance. The urban population has a greater level of trust in law enforcement authorities than the rural population. Traditional systems for regulating disputes, and avenging injustices (the blood feud) also persist, particularly in the North of Albania. Injuries related to these are less likely to be reported to law enforcement authorities. There is also a tendency for domestic violence to be under-reported in Albania, as well as for all types of crime to be reported to police predominantly by males.

All of these factors combine to undermine the completeness of the picture that could be created by developing the data collection capacity of state agencies.

6 Conclusion

In terms of health data gathering, the key improvement to be made would be to standardise the information gathering among all types of healthcare provider. Procedures could also be improved by the availability of better qualified staff in the initial processing of data. There does seem to be a culture of transparency regarding information gathered, and the process for analysing information and circulating it amongst interested parties is well developed by regional standards. While individual hospitals are able to provide valuable statistics on armed violence in Albania, and these statistics may well cover the bulk of cases, it remains for a greater level of detail to be routinely gathered by all hospitals and healthcare providers on armed violence for more information to be made available to analyse levels of injury and their implications for policy.

In terms of the law enforcement and judicial systems, even if a separate category of offences involving SALW were in existence, there would be many difficulties in generating representative information for the whole country, in terms of coverage of different groups and geographic areas.

The information gathered in police records could be used to produce more detailed data than at present if priority was given to creating detailed statistics on SALW-related crimes, and if the information gathered in records was properly standardised. The police system has less advanced technology than the judicial system, which has a clear potential for providing good quality information on firearms-related crime, if the task is given greater priority in future.





Bosnia and Herzegovina

1 Availability of data

1.1 National policy on armed violence data

The complexity of the constitutional structure of Bosnia and Herzegovina (BiH) in turn entails complexity in its systems of data collection. The country consists of two entities: the Federation of BiH and Republika Srpska. The Federation is itself composed of ten cantons and each entity and canton in Bosnia and Herzegovina is run by its own ministries and official institutions. Primary responsibility for the collection of crime and epidemiological data rests with the authorities at entity level (which, in the case of the Federation, has been devolved to the cantonal level).

No arrangements are in place to analyse armed violence which take into account all potential sources of information on the topic (including injury data, police and court data, victimisation/media surveys and other sources). The information that does exist is essentially a bi-product of broader systems for criminal justice and health system reporting.

Financial resources that are invested in compiling statistical information on injuries, crimes, prosecutions and convictions are provided from the annual budget of responsible institutions on both the cantonal and entity level. No further information was available on the specific levels of funding provided for data collection.

1.2 Participation in monitoring mechanisms

The Institutes for Public Health in both the Federation and Republika Srpska utilize the WHO's ICD-10 classification.

1.3 Data in existing reports

The July 2004 SALW Survey of BiH conducted by the Bonn International Center for Conversion (BICC) for UNDP was not able to draw on detailed national- or entity-level statistical information on levels of armed violence.²³ For example, although statistics were provided on the number of violent deaths recorded in the Federation for the years 1996 - 2002, broken down into accidents, suicides and murders, and by the gender of the victim, there was no indication of how many such deaths were attributable to the misuse of firearms.

At the cantonal level, in some cases Ministries of Interior were able to offer more detailed figures. In Una Sana, the Ministry of Interior provided information on the number of incidents of particular types involving firearms (murder, suicide, robbery, self-harm, jeopardising public safety, threats etc) covering a three-month period. The Ministries of Interior in both Tuzla and Central BiH Cantons also provided statistics covering the number of deaths and suicides involving firearms, the number of arrests for illegal possession and the overall number of crimes involving SALW. The Ministry of Interior in Sarajevo Canton was able to report, for 2002 and 2003, the number of SALW-related murders and attempted murders, including figures on the number of attempted murders committed with guns as opposed to explosives. It was also able to state the number of arrests made for illegal possession of SALW. Posavina Canton supplied figures on SALW-related murders, assaults, threats and misuse. The police in Zenica Doboje Canton supplied figures on SALW-related deaths and injuries. Meanwhile, in Herzegovina-Neretva Canton, police provided figures on suicides, murders, injuries and overall criminal offences (including robbery and attempted murder) involving small arms. In Republika Srpska, although information was made available in the survey showing the overall number of violent crimes for the period 2001 - 2003, this information did not illustrate the number of such crimes that involved SALW. This variation between cantons in the kind of information available makes the task of analysis of national trends or comparison of the problems in different areas very challenging.

²³ Information in this section is drawn from Paes W-C, Risser H, Pietz T, 'SALW Survey of Bosnia and Herzegovina', (Bonn, BICC, 2004), pp. 32-35.



The SALW Survey also included key findings from a survey of local perceptions on small arms and security issues. The perceptions survey included questions indicating the number of respondents who had experienced a violent incident in the previous three months where they had been made to feel threatened or fearful.²⁴ The number among these who had actually been injured was also specified. In the absence of coordinated national information gathering, a perceptions survey of this kind represents the best current guide to the incidence of armed violence in BiH.

1.4 Features of the main data gathering systems

Features of the main data gathering systems in BiH are summarised in the table below:

| DATA INDICATORS | HEALTHCARE | POLICE | JUDICIARY |
|--|--|-------------------------------|-----------|
| Proportion of Crimes / Injuries involving SALW | No | No (Specific Cantons only) | No |
| Intentionality | Yes | No (Specific Cantons only) | No |
| Gender (Victim) | Yes (Federal Statistical Institute) | No | No |
| Age (Victim) | No | No | No |
| Gender (Perpetrator) | No | No | No |
| Age (Perpetrator) | No | No | No |
| Victimisation (Ethnicity) | No | No | No |
| Victimisation (Income Group) | No | No | No |
| Types of Weapon causing Injuries | No | No (Specific Cantons only) | No |
| Type of Incident (Dispute, Theft etc) | No | No | No |
| Injuries / Crimes by Geographic Area | No | No | No |
| Type of Location (School, Work etc) | No | No | No |
| Time of Occurrence | No | No | No |
| Monthly Frequency of Injuries | No | No | No |
| Link to Substance Abuse | No | No | No |
| Prosecution Rates per Region | N/A | N/A | No |

Table 4: Features of the main data gathering systems in BiH

2 Injury surveillance data

2.1 Data gathering policy and budget

There is no national system in place for gathering data on armed violence from the healthcare system.²⁵ The Federal Institute for Public Health has its own policy, but only in the domain of primary health care and dispensary. The cantonal institutes in the Federation of BiH handle the records from health clinics, intensive care units and hospitals.

²⁴ *Ibid*, p. 37.

²⁵ Information presented in this section is drawn from interviews with Dr. Alma Gusinac-Skopo, Institute for Public Health of the Federation of BiH, July 2006, Dr. Gavric Zivana, Chief of the Department of Social Medicine, Institute for Public Health of Republika Srpska, July 2006, Dr. Raib Salihefendic, Orthopedic Department, State Hospital of Sarajevo, July 2006, and Alma Vila Humackic, WHO representative, Federation of Bosnia and Herzegovina, July 2006.



No initiatives are known to be planned for enhancing information gathering on armed violence or public health in general.

2.2 Data gathering practices

Methods of record-keeping are in theory standardised in both the Federation and Republika Srpska. All injuries are coded as being associated with the occurrence of an injury event. Data on injuries (including firearms-related injuries) are collected using codes that indicate the location and the external cause of the injury. External causes of injury are, however, classified in a way that makes it impossible to determine the number of injuries caused by SALW among other injuries.

In some cases, front-line medical staff do not complete forms in accordance with the ICD. Further staff training would be necessary to improve the standards of record-keeping by medical staff. According to front-line medical staff, when recording a firearms injury, no specific forms are used, but written notes are made of the information available. These data about illness or injury are later archived. No separate record is made for injuries caused by SALW, and it is not possible to classify an injury according to the type of SALW used (handgun, shotgun, explosive device, landmine etc). No background information on the circumstances leading to an injury (intoxication of the patient, the type of location where the injury occurred etc) is gathered by medical staff, who stated that the police handle background information of this type. Quiet and private facilities to talk over the details of a case with injured patients or their families are generally not available.

Information is compiled using manual records and is not entered into a computerised database system. Many hospitals lack the computer equipment that could enable records to be processed electronically.

2.3 Handling and management of data

Reports are made on the basis of data collected from healthcare providers. These are then sent to the entities' Institutes for Public Health on a monthly basis. In terms of the handling of data by state institutions, the situation differs in the two entities. In the Federation, the data gathered do not draw on total coverage of all types of healthcare provider. The Federal Institute for Public Health draws data from primary health care institutions and dispensaries, while the cantonal institutes in the Federation of BiH handle the records from health clinics, intensive care units and hospitals. Thus the data gathered are not representative of all injury events occurring in the areas under their jurisdiction. In Republika Srpska, the Institute for Public Health handles all data generated by health clinics, primary healthcare institutions, dispensaries, intensive care units and hospitals.

As with record-keeping, it was found that staff training would be required to improve the standards of data processing and analysis. The need for improved resources including record-keeping forms, computers, facilities for conducting interviews, personnel numbers and overall funding were also highlighted by the research.

There are two representatives from the WHO for the Federation. Republika Srpska has its own WHO representatives who deal with gathering data. These representatives collect information from the local ministries and hospitals in the entity and then forward it to the WHO. However, there are problems with both collecting data and disseminating it to the WHO, because there is no official sanction from the Ministry of Health that would allow the representatives to conduct the research.

2.4 Use and accessibility of data

Information collected from the healthcare system is reportedly available to the public, policy-makers, the media and international organizations as soon as it has been incorporated into the manual database. The information is, however, available only upon submission of an official request. There are no examples of policy changes being made on the basis of recommendations or reports compiled from injury data.



3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

No data are compiled at the national level, as responsibility for gathering data is devolved to the entity and cantonal levels as described above.²⁶ Therefore practices in reporting crime data across the country are not uniform. However, all ministries follow similar practices in recording crime data, and information sharing on a case-by-case basis is possible between the cantonal and entity ministries.

There was no information on the budget for crime data collection and storage by police. However, there were said to be adequate financial resources available for current practices to be maintained.

3.2 Data gathering practices

There are guidelines as to what kind of records to keep, and how to compile and store information. When a crime is reported, police officers interview the individuals reporting the crime. Interviews are performed by police officers, who make written reports about the case and file these in the station archive. According to the officials interviewed, records are typically filled out in full, and officers take the task of record-keeping seriously. Each station has its own records system where all criminal cases are manually recorded. Data on crimes are processed both manually and electronically. However, some police offices have no electronic equipment, and are therefore not able to enter records into a database.

As data are categorised according to the type of crime, it is not possible to ascertain from current data the number of each type of crime involving SALW.

3.3 Handling and management of data

There are no clear guidelines, and no standardised system is in place, for passing crime data up to the national level, or for analysing it.

3.4 Use and accessibility of data

In the Federation, there are legal restrictions on who can access police records on crime, while in Republika Srpska there are no restrictions after the case is closed. No examples could be offered of policy changes made on the basis of recommendations or reports compiled from crime data.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

According to the state judicial law, responsibility for monitoring prosecutions and convictions, including those related to SALW, is devolved to entity and cantonal levels as described above.²⁷

²⁶ Information in this section is based on interviews with Zlatko Prndelj, Chief of the Criminal Police Office, Ministry of Interior of the Canton of Sarajevo, July 2006, and Gojko Vasic, Chief of the Criminal Police Office, Ministry of Interior of Republika Srpska, July 2006.

²⁷ The information presented in this section is based on interviews with Adil Kustura, Senior Assistant at the Crime Records Office, Court of the Canton of Sarajevo, July 2006, Mrs. Hajrija Hadziomerovic-Muftic, Federal Prosecutor, Prosecutorial Court of the Federation of BiH, July 2006, Mrs. Obrenka Slijepcevic, Secretary of the Prosecutorial Court of Republika Srpska, July 2006, and Boris Grubescic, Spokesperson, Prosecution Office of BiH, July 2006.



Responsibility for evaluating data gathering by the judicial system rests with the High Judicial and Prosecutorial Councils of Bosnia and Herzegovina,²⁸ and the Office of the High Representative.²⁹

4.2 Data gathering practices

Records of court cases in BiH are made by audiovisual recording as well as by the completion of manual court records. The State Court and the State Prosecution Office deal with high profile crimes including war crimes, and therefore do not typically handle routine cases involving firearms.

The Cantonal Court keeps the detailed records (information on the crime committed, perpetrators, etc) on criminal cases in its internal archive, in which the records are sorted by year. Records are compiled according to guidelines in the Rules and Regulations of the Court's Internal Management.

4.3 Handling and management of data

Guidelines for compiling and archiving data are regulated by the Rules and Regulations of Court Management. Under these rules, records of cases are archived for up to five years, and after the full records are removed from the archive, the verdict of the case remains in the archive on a permanent basis.

Data are not routinely passed from courts to the national level, and there is no unified database containing information on criminal cases handled by the courts. Legal verdicts in cantonal courts are sent to the Institute for Statistics, the Ministry of Interior and the Ministry of Defence.

The Court of the Canton of Sarajevo has an electronic database where data on criminal cases are processed and archived. However, most cantonal courts do not have computer equipment or electronic databases, and thus exchange of information between cantonal courts is limited to the exchange of reports in hard copy.

4.4 Use and accessibility of data

Given the lack of a database containing information on court cases, any inquiry into specific types of case, including armed violence cases, would have to be made by direct analysis of the records made by the courts. Thus data are not readily available to anyone seeking to analyse levels of prosecution and conviction in firearms related cases.

5 Coverage of vulnerable groups

The population in rural areas has lower levels of access to healthcare than the population in other areas.

Ethnic groups returning to areas where they are a minority among the local population have lower levels of confidence in law enforcement authorities than the rest of the local population. Although police officers of the ethnicity of the local population are increasingly employed, it remains possible that crimes, possibly including armed violence, would go unreported because of this lack of trust.

There is a tendency for domestic violence not to be reported, ascribed to lack of confidence among women in reporting crimes to the police. However, the Government has passed an amendment on domestic violence in criminal law,³⁰ to ensure that all domestic violence incidents reported are classified and recorded as crimes. Nevertheless, there are still cases when they are not classified and recorded as such.

²⁸ The High Judicial and Prosecutorial Council of BiH is a state body with 15 members selected in accordance with Article 4 of the Law on the High Judicial and Prosecutorial Council of BiH. It was established by a law adopted by the Parliamentary Assembly of BiH in May 2004.

²⁹ The Office of the High Representative (OHR) was designated under the 1995 Dayton Peace Agreement to oversee the implementation of the civilian aspects of the Peace Agreement on behalf of the international community.

³⁰ The Criminal Law of the Federation of BiH and The Criminal Law of Republika Srpska.



6 Conclusion

The capacity of institutions in BiH to monitor levels of armed violence is very weak. In terms of epidemiological surveillance in general, further training of staff is necessary to raise the standards of record-keeping in accordance with the WHO's classifications, as well as to process and analyse public health data. There is also a lack of computer equipment for holding databases of records, and general facilities, such as suitable space for interviewing patients or their families on the details of a case. Information gathering should also be co-ordinated so that all healthcare providers give information to inform a single database, at either national or at entity level. This information would then ideally be disseminated via written reports and made available online.

In terms of armed violence, ultimately it would be desirable for records to be adopted by BiH's healthcare providers that would record information on armed violence covering the full range of factors outlined in the introduction to this report. A draft form for collecting such information is provided at Annex B.

Regarding law enforcement institutions, standardised processes for gathering and handling crime data are needed, to allow information to be compiled and analysed at national or at least entity level. Police stations would benefit from the routine availability of computer equipment and software to enable the storage and sharing of data on reported crime. Staff training would also be required to ensure the quality of data gathered under an improved system. Finally, arrangements for analysis of crime, as a basis for evidenced-based policy interventions, was found to be completely lacking, and would be crucial if any unified system for monitoring crime did emerge.

In the case of the judicial system, there is a clear need for a system to be established which would compile data from standardised court records into a database which allowed for sharing of information within the court system and with concerned parties. Capacity to analyse court data also needs to be developed, to ensure that information on crimes, and the efficiency of the criminal justice system, becomes the basis of policy-making in this field.

Without a major initiative to improve both resources and co-ordination, the capacity of all three major systems for monitoring armed violence will remain weak for some time to come. In the meantime, victimisation surveys will remain the most viable way to obtain reliable information on levels of armed violence in BiH for the foreseeable future.



Bulgaria

1 Availability of data

1.1 National policy on armed violence data

In Bulgaria, there are two key institutions that gather useful data on armed violence, as well as a number of other sources that have the potential to do so if modified appropriately. Firstly, the Ministry of Interior (Moi) collects data on both injuries and deaths caused by weapons. Secondly, the National Statistical Institute (NSI) collects and systematizes data on firearm-inflicted deaths in Bulgaria. Both have their own policies in place for data collection processes. The health system has a role in the creation of the data generated by these systems; but its own data systems, although functional, do not yield information on armed violence.

The law obliging the Moi to gather data on armed violence for statistical purposes is the 'Law on the Ministry of Interior', Article 7, Items 1 and 13.³¹ The practice of the Moi in this area is specified in its 'Methodological guidance for gathering data and automated processing of the police statistics concerning the registration of the reporting on the perpetrated crime of general character'.³²

The law governing the activity of the NSI is the 'Law on Statistics' ³³ and its implementing legislation. The most important aspect of this implementing legislation is the annual plan for statistics activity, which defines the areas of analysis, scope and information sources to be used in each particular year.

Thus both the Moi and the NSI have functioning systems for gathering data on armed violence within the scope assigned to them by the relevant governing laws.

As for the resources of the NSI, the funds are invested in the system, workforce and equipment as a whole. The NSI draws from a wide range of sources in compiling its statistics, including police, doctors and courts. However, there are no arrangements in place to analyse the situation in relation to armed violence based on the fairly detailed data that are currently gathered.

1.2 Participation in monitoring mechanisms

Bulgaria has had observers in the WHO since the foundation of the organisation and has participated in all the sessions concerning the International Classification of Diseases.³⁴ As of 01 January 2005 all Bulgarian healthcare providers were obliged to adopt in all relevant documents the 10th edition of the International Classification of Diseases (ICD).³⁵ External causes of injury are monitored by the NSI, but only for the purpose of monitoring mortality.³⁶ As far as mortality monitoring is concerned, the system is compatible with the International Classification of External Causes of Injuries (ICECI), although the ICECI itself has not yet been introduced. The National Centre for Health Information (NCHI) system for gathering data could be adapted to produce data on External Causes of Injury, but currently doctors' only record cases according to the less specific ICD categories.

³¹ State Gazette, Issue 17, 24 February 2006.

³² Adopted and amended through Orders of the Minister of the Interior.

³³ State Gazette, Issue 57, 25 June 1999, last amended State Gazette, Issue 88, 04 November 2005.

³⁴ Interview with Emilia Toncheva, National representative of the WHO, 23 June 2006.

³⁵ Regulation No. 42, 08 December 2004 for the Introduction of the International Statistical Classification of Diseases and Problems Related to Health – tenth edition by the Minister of Health, State Gazette, Issue 111, 21 December 2004, in force 01 January 2005.

³⁶ Interview with Evelin Yordanova, National Statistical Institute, 23 June 2006.



1.3 Data in existing reports

More detailed data on armed violence were available to the research team for the SALW Survey of Bulgaria than for any of the other SALW Surveys previously conducted in SEE.³⁷ In the survey, data on armed violence were presented from four main sources: the police, the National Statistical Institute (NSI), an analysis of media reports and a household survey, which contained questions on victimisation. Although the level of detail available was impressive, the data from the two more reliable sources (the police and NSI) did not match.

In terms of data generated by healthcare providers, the survey noted that, '*record keeping and information sharing within the public health system itself is patchy at best and no reliable data on firearm injuries could be recovered from hospital records*'.³⁸ As in many countries, it was stated that hospitals in Bulgaria record firearms injuries alongside other injuries under the ICD classification indicating the injury type (such as 'fracture', 'torn ligament'). However, records of hospital admissions related to firearms are supposed to be reported to police officers embedded in hospitals. From this point, the more detailed records of armed violence are lodged with the police records system.

Police statistics were presented in the SALW Survey of Bulgaria indicating the number of firearms injuries per year from 1999, and fatal firearms injuries from 1995. Even more impressively, police data were available indicating the proportion of crimes of different types which had been committed with firearms, including homicide, attempted homicide, deliberate serious bodily harm and robbery as well as overall crime. Police data also provided a basis to distinguish between intentional and accidental firearms injuries, the proportion of weapons causing injury that are legally or illegally owned, the gender of victims and perpetrators and the level of victimisation of children and youth. Police figures were likewise available which showed the number of gun crimes in each region of Bulgaria from 1998 to 2003, and the number of violations under each article of the penal code from 1996 to 2004 (some of which relate to firearms). The gender and age group of offenders could be extracted from the data on penal code violations.

There were some problems with the police figures on firearms injuries featured in the SALW Survey. Firstly, they were not able to indicate the type of injury caused by the weapon. Secondly, their reliability may be undermined to an extent by the problem of under-reporting. In fact, under-reporting is said to be less of a problem in Bulgaria than in many countries. Likewise, SALW-related crimes would be less likely to be under-reported than other less grave crimes. However, the potential scale of injuries not captured in police figures is highlighted by the fact that in the household survey conducted for the SALW Survey, 36.2% of recent crime victims had not reported the crime to the police.

The National Statistical Institute (NSI) was also able to supply the SALW Survey with useful data, drawn from information provided by municipal authorities and viewed as drawn from a more inclusive range of sources than police data. In terms of homicides, NSI data are drawn from death certificates filled out by doctors, which enter a statistical database kept at the municipal level. This information gathering process is regulated by Order No 16, 21 August 1996 'On the organisation of hospital medical care in state hospitals', *State Gazette* No 76, 06 September 1996. NSI firearms homicide data could be disaggregated to show the age range of the victims, while its suicide data distinguished between suicides with legal and illegal weapons.

Media analysis conducted for the SALW Survey again appeared to yield a distorted picture of the armed violence problem. One reason for this was that media reports analysed relied heavily on official police statements, another is the disproportionate coverage devoted to cases related to organised crime. Nevertheless, the media analysis was able to act as a basis for analysing the age range of victims of shootings, the frequency with which different types of weapons are used in incidents and the type of activity/crime that led to the shooting.

Limited information related to crime victimisation was presented in the SALW Survey. Only responses to a single question showing victimisation rates in relation to generic types of crime – and not distinguishing between firearms and non-firearms crime – were included.

³⁷ See Rynn S, Gounev P, Jackson T, 'Taming the Arsenal – SALW Survey of Bulgaria', (SEESAC/Saferworld/CSD, Belgrade, 2005). Analysis in this section draws heavily on data on SALW impacts presented on pp. 37-51.

³⁸ *Ibid*, p. 37.



1.4 Features of the main data gathering systems

Features of the main data gathering systems in Bulgaria are summarised in the table below:

| DATA INDICATORS | NCHI | NSI (MORTALITY ONLY) | POLICE | JUDICIARY |
|--|------|----------------------------|--|--|
| Proportion of Crimes / Injuries involving SALW | No | Yes | Yes | No (Except armed robbery and illicit possession) |
| Intentionality | No | No | Yes | N/A |
| Gender (Victim) | Yes | Yes | Yes | No |
| Age (Victim) | Yes | Yes | Yes | No |
| Gender (Perpetrator) | No | Yes | Yes | No (Except armed robbery and illicit possession) |
| Age (Perpetrator) | No | Yes | Yes | No (Except armed robbery and illicit possession) |
| Victimisation (Ethnicity) | No | No | Yes | No (Except armed robbery and illicit possession) |
| Victimisation (Income Group) | No | No | No | No (Except armed robbery and illicit possession) |
| Types of Weapon causing Injuries | No | No | Yes | No |
| Type of Incident (Dispute, Theft etc) | No | No | Yes | No |
| Injuries / Crimes by Geographic Area | Yes | Yes | Yes (For each different type of crime) | Yes |
| Type of Location (School, Work etc) | No | No | No | No |
| Time of Occurrence | No | Yes (In records) | Yes | No |
| Monthly Frequency of Injuries | No | Yes | Yes | No |
| Link to Substance Abuse | No | No | No | No |
| Prosecution Rates per Region | N/A | N/A | N/A | Yes |

Table 5: Features of the main data gathering systems in Bulgaria

2 Injury surveillance data

2.1 Data gathering policy and budget

The Ministry of Health gathers and analyses the information generated by the healthcare system in Bulgaria. The data are gathered from all healthcare providers by the National Centre for Health Information (NCHI).³⁹ The NCHI classifies diseases into classes according to the ICD-10. The NSI also provides statistics drawn from the healthcare system, and therefore compiles data on mortal firearms injuries in greater detail than NCHI.

In terms of evaluating and enhancing performance, it was stated that the system is being monitored for compliance with European and international standards. The NSI Head has the authority to pass acts governing the activity of the NSI. As for the budget of the NSI, any increase would have to be approved by the National Parliament. The Ministry of Health is entitled to suggest new legislation governing health information for discussion and passing in the National Parliament.

³⁹ See <http://www.nchi.government.bg/Eng/Engli6.html>, accessed 03 July 2006.



Classification of diseases is conducted by hospitals and other healthcare providers through their own resources. There is no centralised system for financing the gathering of such data; therefore it is difficult to assess the financial resources allocated for this activity. Bulgarian hospitals are private companies, which are entirely dependent on the payments for services and medicines by the National Healthcare Plan. Therefore, a primary concern of any hospital is to maintain record-keeping and processing systems for reporting executed treatment and applied medicines. Hospital record systems thus take precedence for budgetary allocations.⁴⁰

2.2 Data gathering practices

The NCHI and the NSI have different methods of record-keeping. Inside each of the systems the methods are uniform for all healthcare providers.⁴¹ Although more detailed analysis might be expected to uncover some variations in the quality of data compiled by different hospitals or healthcare providers, none were identified by the research team. During 2006, NCHI has been engaged in developing a strategy for creating a uniform electronic medical file on each patient, integrating the information on each patient's treatment throughout the health system. However, this system is not yet in place, as it has not yet received all the necessary authorisations. NCHI data are currently developed drawing on records from all hospitals and other places where people who may have sustained injuries from armed violence are treated.⁴² Thus the NCHI covers the whole health system, including privately owned structures and private practitioners. Records are gathered uniformly using standard forms, approved by the Minister of Health, and the NCHI has its own clear methodological guidelines for record-keeping.

NCHI data are gathered following ICD-10 classifications. Almost all of the patient records kept by hospitals and other healthcare providers incorporate a field for entry of the ICD-10.⁴³ This means that while the system conforms to international best practices, doctors are not required to keep detailed records concerning armed violence injuries sustained by the patients. This means that doctors generally gather information on, and may record, the implement with which the injury was inflicted, as well as other potentially revealing information (such as the intoxication level of the patient, whether the injury was intentionally or unintentionally inflicted by the patient or another person and where the injury occurred).⁴⁴ However, this information would not be routinely captured by the system for compiling data from records.

When interviewing the patient to diagnose an injury and create the patient record, should a doctor find any trace of violence in the circumstances that led to the injury, he/she is obliged to notify the police.⁴⁵ The police are in charge of uncovering the reason, accompanying circumstances and elements of crime in the circumstances that led to injury, and this is reflected in the level of detail of the police's armed violence data (discussed further below). The police use the expertise of forensic pathologists in the course of their work.

In terms of staff capacity for information gathering, issues occasionally arise over the sensitivity of seeking information from patients or families who are traumatised. However, it is part of any doctor's job and training to ask for information, and most experience no problems in doing so. Interviews are of crucial importance to the work of the doctors. Each doctor conducts interviews several times a day. As students, doctors are specifically trained to conduct interviews. Each doctor on duty or a profiled doctor has a separate room for seeing patients. The rooms are private spaces, which are quiet and spacious enough to conduct interviews.⁴⁶

A doctor interviewed by the research team did complain of having insufficient time to fill out records in full, criticising the amount of time that highly qualified staff spend in filling out what was perceived to be an unnecessarily large

⁴⁰ Interview with Mr. Nikolay Nikolov, Head of the Marketing and Information Systems Department of Saint Marina Hospital, Varna, 12 June 2006.

⁴¹ Interviews with Evelin Yordanova, National Statistical Institute, 23 June 2006 and Krassimira Dikova, National Center for Health Information, 22 June 2006.

⁴² Interview with Krassimira Dikova, National Center for Health Information, 22 June 2006.

⁴³ Examples are available at <http://www.nhif.bg/>, including 'Record of visit for examination' (two types – examination by the general practitioner and the specialist doctor), 'Direction for examination by a profiled specialist', 'Prescription Form' and some others.

⁴⁴ Interview with Dr Nikola Kolev, Saint Marina hospital, 12 June 2006.

⁴⁵ Penal Procedure Code, promulgated State Gazette, Issue 86, dated 28 November 2005, in force as of 29 April 2006, Article 205.

⁴⁶ Dr Nikola Kolev, Saint Marina hospital, 12 June 2006.



number of forms.⁴⁷ This could make it difficult in practice to justify a more comprehensive system for monitoring armed violence in a country like Bulgaria where incidence of armed violence is relatively low in comparison to other public health problems.⁴⁸ In the opinion of the doctor interviewed there are adequate personnel to ensure thorough data gathering and handling, but more junior medical staff are needed to reduce the record-keeping burden placed on senior doctors.

In terms of the sources covered in compiling its mortality data, the NSI is limited to those records coming from health professionals and officials who come into contact with cases involving fatalities (such as in hospitals and emergency rooms). Practices are harmonised through the use of a standardised form for Death Notification. The Regulation that establishes the form of the Death Notification also contains clear guidelines for record-keeping.

Equipment, computers and stationery are routinely maintained and upgraded as part of the normal functioning of the data gathering system. There are no specific plans to upgrade equipment levels aimed at the monitoring of armed violence. Rooms for interviews in which records are first filled out, staff for gathering information and financial resources for data gathering are a matter for separate health providers, who invest in them as a matter of their day-to-day activities, rather than directly in relation to armed violence cases.

2.3 Handling and management of data

NSI has a network of local bureaux, which collect information throughout the country. They format and code information into a unified format, according to detailed internal instructions. These data are then collected and processed on a national scale in the NSI database.

The standard forms approved by the Minister of Health are processed electronically, preferably on the same day when the patient is accepted for treatment in a given hospital.⁴⁹ Where the forms have any omissions, they are returned to the respective doctor for completion. The responsible staff member at a hospital interviewed by the research team reported that hospital staff generate an electronic file for a patient upon admission. This is then modified by each of the treating doctors when they enter further data. Data from patient records at the hospital are stored using 'Gama Codemaster' software specially designed for the needs of the hospital. Although the specific cost of the hospital's own system is confidential, the average prices for similar software in Bulgaria are roughly US \$3,000 per month. The hospital, which employs 1,500 doctors and treats 30,000 patients per year, maintains a technical staff of two persons for technical support of its network of 150 computers. In the opinion of the representative interviewed, the levels of equipment and resources are adequate for the hospital to gather and handle data in the way it would like.

The database held by the NCHI is maintained on the basis of the information supplied to it by healthcare providers, who pass on their data direct to the NCHI at the national level. The information is held and organised on the basis of the International Classification of Diseases, 10th Edition (ICD-10).

The interviewees at the NSI and NCHI were comfortable with existing numbers of personnel for processing records, observing that there is no backlog of forms and that both systems are functioning well.⁵⁰

2.4 Use and accessibility of data

Insofar as the information is not classified or deemed personal data, the 'Access to Public Information Act' governs the process whereby any citizen can gain access to the information generated by the information gathering described above. As the information gathered by the NSI and the NCHI is presented in summarised and generalised form, there is no restriction on who can receive the information.

⁴⁷ *Ibid.*

⁴⁸ Rynn S, Gounev P, Jackson T, 'Taming the Arsenal – Small Arms and Light Weapons in Bulgaria', (SEESAC/Saferworld/CSD, Belgrade, 2005), p. 46.

⁴⁹ All information in this paragraph is based on: interview with Mr. Nikolay Nikolov, Head of the Marketing and Information Systems Department of Saint Marina Hospital, Varna, 12 June 2006.

⁵⁰ Interviews with Evelin Yordanova, National Statistical Institute, 23 June 2006 and Krassimira Dikova, National Center for Health Information, 22 June 2006.



There are no regular reports on the basis of data collected from healthcare providers, either by NSI or NCHI. The NCHI makes reports to the specifications of the Ministry of Health, and both the scope and theme is specified by the Ministry. The NSI does not analyze the data it compiles. NSI information is circulated according to two principles: free circulation for authorities as approved by the Head of the NSI;⁵¹ and circulation upon payment of a subscription fee or a fixed price for each edition. The data for a particular year become available between the beginning and the middle of the following year. Further reports (analyses) are made on the basis of the compiled information by state bodies and non-governmental organisations and presented to the public, but not on a regular basis.

Although it is likely that mortality data is taken into account at some level, no examples could be found of recommendations or reports being made on the basis of injury data, or of policy being modified in response to any such report.

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

As stated above, the law obliging the Mol to gather data on armed violence for statistics purposes is the 'Law on the Ministry of Interior', Article 7, Items 1 and 13,⁵² while the practice of the Mol in this area is specified in 'Instruction on the maintenance of the police statistics for the reporting and registration of crime by the Mol' (No. 1 – 189/27.11.98 r.), 'Instruction on the organisation of the work of the Mol structures on the reporting materials for the crime of general character' (No. 195, 27 August 2003) and the 'Methodological guidance for gathering data and automated processing of the police statistics concerning the registration of the reporting on the perpetrated crime of general character'. Although policy-makers and other stakeholders have the opportunity to suggest improvements to the systems, there are no formal structures in place to evaluate the performance of the information gathering system.

The budget assigned to data gathering and management by the Mol is unknown because its budget is classified information. Reportedly there is sufficient financial investment in the generation of statistics, but not enough resources to finance the analysis and use of the information. This appears to defeat the purpose of the huge effort required to establish and maintain a system of the kind in place in Bulgaria.

3.2 Data gathering practices

Data compiled by the Bulgarian police are able to answer most of the questions that one would seek to answer through creating a comprehensive armed violence injury surveillance system (see the above discussion and Table 5).

There are clear guidelines instructing police as to the kind of records they should keep, and how to compile and store information. Crime reports are manually filled out and are passed to an assigned officer in each police department who enters them into the police information software system. Forms for records are not always filled out in full (for example the field for recording ethnicity is often left blank). In general, however, officers have sufficient time to fulfil the requirements for record-keeping, and understand the importance of the information derived from records.

There are some minor variations in the quality of data generated by law enforcement authorities: one is, as already stated, under-reporting of crime; a second is the use of a range of 'filtering strategies', whereby police dissuade crime victims from reporting a crime in favour of recording an incident without making an official entry in police records. In armed violence cases, however, this is unlikely to take place, because such cases relate to serious crimes and few are easy to solve. Thus police officers tend to record them in full.

⁵¹ The NSI Head chooses the authorities for a particular edition from the following list: President administration, National Parliament, Council of Ministers, Ministries and other central government authorities, international organisations, reciprocal exchanges with other bodies, internal NSI structures and libraries.

⁵² State Gazette, Issue 17, 24 February 2006.



3.3 Handling and management of data

An automated computer information system encompassing all 180 police departments is in place to process the information gathered by police officers. The software used has been developed and maintained by the MoI to suit its own needs. Thus information is received centrally on a daily basis. According to the information available to the research team, the system functions without any problems. In addition, police stations are said to have the equipment such as computers and record-keeping forms that they need to collect and handle data in the manner required.

3.4 Use and accessibility of data

Insofar as criminal records data are personal data, there is a special procedure, set out in the 'Law on Personal Data Protection',⁵³ governing who can access the information. Information on crime that is general rather than personal, and therefore not classified or deemed personal data, is accessible under the 'Access to Public Information Act'. This governs the process whereby any citizen can gain access to information generated by the information collection system.

Although it is likely that the need to respond to crime has informed government policy in the past, and also that the EU has taken account of crime, law and justice throughout the process of Bulgaria's EU accession, there are no known examples of policy changes being made on the basis of reports compiled from crime data.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

In Bulgaria the prosecution is part of the Judiciary, not the Government. They keep separate records. The courts system does not have a statistical system and does not compile separate statistics. Instead, data on prosecutions and convictions are provided by the courts, organized by the Ministry of Justice and then processed by the NSI.

The prosecution system has its own method of collecting information. This is done by the Information and Analysis Division of the Supreme Cassation Prosecution. This system is not meant to collect and analyze information on crime, but rather to gather information to indicate the efficiency of the prosecution system (the number of charges brought, cases dropped, successful convictions, etc). Both information systems follow closely the classification of criminal offences in the Criminal Code. In the Criminal Code there are only a few offences specifically involving firearms. These are: 'armed robbery' (Article 199, Paragraph 2, Item 3), and 'illegal possession, manufacturing, etc of firearms' (Article 339). Therefore, in terms of misuse of firearms both statistical systems (Prosecution and Courts-NSI) provide information only for Article 199, Paragraph 2, Item 3 and Article 339. For any other type of crime, such as homicide, they do not generate statistical information as to the use of a firearm.

4.2 Data gathering practices

The NSI supplies a paper form for court clerks to fill out, along with relevant instructions. NSI court statistics are then compiled on the basis of these. This form, however, changes on an annual basis, thus the type of data generated by courts varies from year to year. The number of employees assigned to gather statistical data in regional courts differs depending on the size of the court. The Ministry of Justice then gathers and organizes data through its Courts Activity Department. The department employs 23 people, although gathering data is not its only function (and therefore it is not possible to assess the investment in data gathering in isolation).

The courts visited seemed to have sufficient staff to maintain the existing level of data gathering. Although further research would be necessary to analyse the general level of commitment to the gathering and management of court data among responsible staff, court clerks engaged in data-entry interviewed by the research team appeared to take their roles very seriously. It was noted that, in general, basic data required are usually provided but that information on ethnicity or circumstantial factors related to the crime is often omitted.

⁵³ State Gazette, Issue 1, 04 January 2002, amended Issue 30, 11 April 2006.



The Information and Analysis division of the Supreme Cassation Prosecution provides a standard form to be filled out by all prosecutors, again with simple and clear instructions on how to complete records. Since at present the prosecutors themselves fill out records, it would make sense for administrative staff to be added if a more complex system were to be introduced.

4.3 Handling and management of data

In the case of both the NSI and the Information and Analysis Division of the Supreme Cassation Prosecution there are clear procedures for information to be passed up to the national level. Prosecutors around the country personally fill out the forms in Microsoft Word format every 6 months and send the file electronically to the Information and Analysis division of the Supreme Cassation Prosecution.

In the case of NSI data, court clerks write or type information on the data-sheet provided by NSI from court-files on each lawsuit. The data-sheet is first filled out during the investigation and is updated as the case develops. After filling the data-sheet it is forwarded to the National Statistics Institute, where data are processed and compiled. Courts keep manual records, but in any case have in recent years been equipped with computers, and thus do not lack computer technology if they should choose to use it for the task of managing data.

4.4 Use and accessibility of data

Both the NSI and the Information and Analysis Division of the Supreme Cassation Prosecution publish annually compiled volumes of the information they collect.

5 Coverage of vulnerable groups

Gaps in coverage of injury data were noted by the SALW Survey of Bulgaria in relation to hospital patients who did not wish firearms injuries to be reported to the duty police officer.⁵⁴ No studies have been carried out to demonstrate that particular minorities, or people living in particular geographic areas, have lower levels of access to or trust in healthcare providers. Thus there is little evidence to suggest that current health data fail to capture the problems among particular groups or in specific areas.

In terms of crime data, Turkish populations in rural areas have lower access to law enforcement authorities than other groups in other areas. However, crime is also very low in such areas, thus it is assessed that what is known about armed violence in Bulgarian society is not significantly distorted by this lack of access among such populations. Although armed violence is more visible than many other forms of crime, the quality of police data depends to an extent on reporting and therefore levels of trust in police. In the past decade the Bulgarian police has increasingly lost the confidence of the public.

| YEAR | BULGARIAN | ROMA | TURK |
|------|-----------|-------|-------|
| 1997 | 35.1% | 36.3% | 26.5% |
| 1998 | 39.2% | 40.8% | 26.5% |
| 1999 | 38.3% | 42.3% | 29.4% |
| 2000 | 47.9% | 46.7% | 34.6% |
| 2001 | 47.6% | 50.9% | 33.3% |
| 2002 | 40.3% | 52.8% | 29.1% |
| 2005 | 54.0% | 57.0% | 32.0% |

Table 6: Share of Bulgarian respondents who do not trust the police⁵⁵

Reasons for declining trust are complex, but include some perception of unfair harassment by police and the police's role in protecting engineers who cut off power when bills go unpaid.⁵⁶

⁵⁴ Rynn S, Gounev P, Jackson T, 'Taming the Arsenal – Small Arms and Light Weapons in Bulgaria', (SEESAC/Saferworld/CSD, Belgrade, 2005), p. 37, citing telephone interviews with hospital staff.

⁵⁵ Gallup monthly polls 1997 – 2002; Vitoshka Research 2005.

⁵⁶ Center for the Study of Democracy, 'Police Ethnic Profiling in Bulgaria', Sofia, 2006 (forthcoming).



In terms of coverage of violence affecting different ethnic groups, although there are some oddities in the way ethnicity is recorded when police and other records are created,⁵⁷ armed violence injuries suffered by persons of any ethnicity would enter the data gathering system at the point when the hospital admission resulting from violence triggers the creation of a police record.

It should be noted that the likely number of victims of gender-based violence in Bulgaria is greater than is shown by official statistics, owing to a reluctance among victims and in wider society to discuss such issues. Therefore the scale of armed violence against women, including domestic and other violence, is difficult to measure accurately with any of the methods discussed in this report (for example, it is difficult to find respondents for victimisation surveys on this topic).⁵⁸

6 Conclusion

The armed violence statistics produced by the information gathering system in Bulgaria are the most detailed available in the SEE region.

In terms of health care, policy is clear, and the system is comprehensive in its coverage and well resourced in terms of equipment and trained personnel. The health information system currently does not itself gather information that indicates levels of armed violence and trends within it: however, comprehensive monitoring of armed violence through the healthcare system could be implemented if greater importance were attached to the issue by the Ministry of Health. This is unlikely to occur in the near term given the greater scale of other kinds of public health problem.

The police's data system in practice offers many of the insights that are desirable in terms of a comprehensive armed violence data gathering system, and draws on the information available through front line medical services' contact with injury cases. The main areas where the accuracy of data could be further improved would be in levels of reporting (which would depend on improvements in public confidence in the police), and in ending the practice of 'filtering' by which officers avoid filling out a full record for each reported incident. Neither of these constitutes a significant problem at present.

The system for compiling data on court cases and prosecutions was also found to be functional, although it was not able to distinguish SALW-related from non-SALW related cases except in relation to crimes under the penal code which always involve the use of firearms. If it was viewed as desirable to monitor the rate of prosecution and conviction for cases in which firearms are used, reform of the system to deliver this kind of information could be considered.

The clearest area for improvement relates to the use that is made of the data gathered by all of the systems described above. It would be desirable if the information - gathered at great expense and effort - were routinely used as the basis of improved policy-making. No concrete examples could be cited of this taking place.

Despite the adequate functioning of the existing information systems, the Bulgarian Government has recognised the need for a centralized criminal justice system, within which it plans to enhance the gathering and sharing of information by actors in the criminal justice sector. In December 2002, preparatory activities started for the establishment of the Unified Information System for Combating Crime (UISCC). As a standardised system of data collection at all stages of criminal investigation and proceedings, automated via an interdepartmental database, UISCC would require the participation of the Judiciary, the Ministry of Interior, the Ministry of Justice and the Ministry of Finance. The system is intended to: facilitate cooperation between law enforcement bodies by rapid exchange of data; provide information on penal proceedings, convictions and sentences; and provide information on enforcement bodies. It is planned that the UISCC information stream will be maintained by the Ministry of Justice and the National Institute of Statistics, with Ministry of Justice funds. So far, however, the courts and the Judiciary have not been included in the system. The Ministry of Justice, however, has a long-term computerization

⁵⁷ If the person refuses to disclose his/her ethnicity it is automatically recorded as 'Bulgarian'. On the other hand, methods and policies for recording ethnicity have varied over the years.

⁵⁸ Crime Trends in Bulgaria: police statistics and victimization surveys (Sofia, Center for the Study of Democracy, 2005), <http://www.csd.bg/artShow.php?id=4965>, accessed 04 July 2006.



strategy, which it has already been implementing for a number of years.⁵⁹ No assessment of the cost of making these improvements has been made public so far.

If initiatives are undertaken to enhance armed violence data gathering in other SEE countries, Bulgarian capacity to share best practices with officials in other countries may present a welcome opportunity for regional co-operation.

⁵⁹ See <http://www.mjeli.government.bg/itstrategy/more.aspx?cc=en&>, accessed 01 July 2006.



Croatia

1 Availability of data

1.1 National policy on armed violence data

A National Commission for SALW Control has recently been established by the Government of the Republic of Croatia, and it is working towards a SALW control strategy and an accompanying action plan. However, the strategy will focus primarily on trafficking and export controls, rather than on armed violence reduction per se. In terms of monitoring of armed violence, under current policy, hospitals, general practitioners and other healthcare institutions are obliged to record and report all injuries inflicted by small arms to the Ministry of Interior. The Ministry of Interior holds a registry of such injuries, which is regularly updated. Although statistics are kept by the range of relevant institutions, there is no system for analysing them within a unified framework.

No information was available about the financial resources allocated for the collection and analysis of data on armed violence.

1.2 Participation in monitoring mechanisms

The Croatian Health system classifies diseases through the *Medicinska klasifikacija bolesti* (Medical Classification of Diseases), in accordance with the WHO's International Classification of Diseases. Croatia first adopted the ICD in 1995 and is currently using the ICD-10 classification. Croatia does not participate in the International Classification of External Causes of Injury.

1.3 Data in existing reports

The WHO *World Report on Violence and Health* included information on the number of firearm related deaths in Croatia in 1999, subdivided according to whether they were homicides, suicides, unintentional or of undetermined intent.⁶⁰

BICC's SALW Survey of Croatia (2006) was able to draw on detailed information from the Ministry of Interior which indicated the overall number of crimes committed with SALW for recent years from 1998.⁶¹ The Mol also provided information on the types of weapon used in particular types of crime.

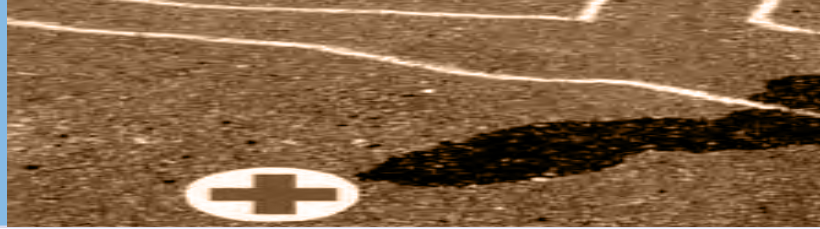
The Ministry of Health provided information to the SALW Survey on levels of self-harm committed with handguns, rifles/shotguns/larger firearms, other unspecified firearms, and explosive materials.

The SALW Survey also drew on a household survey in which respondents stated whether they had been victims of an armed crime. As the timeframe for victimisation was not specified in the question, the response cannot be compared with other official figures for a particular year. Use in different countries of one or two standard household survey questions on victimisation covering a fixed timeframe would help to make information generated by such surveys more comparable.

A survey of Croatian media also provided the SALW Survey with a complementary source of information to official statistics. The media survey provided information on: the overall number of incidents reported in the timeframe specified; the number of reports of different types of crime; the age and gender of perpetrators and victims; the types of weapon used; whether the incident resulted in injury, death or suicide. Media data of this kind is a very useful secondary source, but cannot be taken as an accurate guide to levels of armed violence because the pre-selection of stories of public interest may cause certain types of incident to be reported, while others go unreported.

⁶⁰ Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p.322.

⁶¹ Pietz T, Edelmann R, Isikozlu E, *SALW Survey of Croatia*, ((forthcoming) Belgrade, SEESAC, 2006).



The SALW Survey also provides a discussion of levels of domestic violence in Croatia. The discussion draws on quantified information for the period 1999 - 2003 from the Ministry of Veterans, Family and Inter-Generation Solidarity on the: overall number of requests to police for assistance in cases of family violence; the number of complaints filed by police; the number of injuries; the gender of the victims, and whether the victims were minors.⁶² The survey goes on to discuss the proportion of overall domestic violence cases that involved weapons: it notes quantitative estimates offered in interviews by representatives of the women's organisation MIRTA (the basis for the estimates is not discussed).

Another women's organisation gave information to suggest that in women's shelters and emergency hotlines, 'every second woman reporting a case of domestic violence has been threatened with a gun'.⁶³ Although such information is at present not reliably quantified, the SALW Survey of Croatia reports an encouraging initiative which should increase the level of reliable information on domestic violence which is publicly available: 'most organizations dealing with domestic violence have only recently introduced a reporting category on the kind of weapon used in an assault or threat, and will edit the resulting data in the future.'⁶⁴ Such an initiative is potentially a very important way to move beyond the assumption of under-reporting to see how great the problem of SALW use in domestic violence is in reality.

1.4 Features of the main data-gathering systems

The features of the main different data gathering systems in Croatia are summarised in the table below:

| DATA INDICATORS | HEALTH (CNIPH) | MOI ⁶⁵ | JUDICIARY |
|--|--|--------------------------------------|------------------------------------|
| Proportion of Crimes / Injuries involving SALW | Yes | Yes | No |
| Intentionality | Yes | ? | N/A |
| Gender (Victim) | Yes | Yes | No |
| Age (Victim) | Yes | Yes | No |
| Gender (Perpetrator) | No | Yes | No |
| Age (Perpetrator) | No | Yes | Yes |
| Victimisation (Ethnicity) | No | Yes | No |
| Victimisation (Income Group) | No | Yes | Yes |
| Types of Weapon causing Injuries | Yes (Suicide/self-harm; otherwise in records only) | Yes | No |
| Type of Incident (Dispute, Theft etc) | No | Yes (Type of criminal offence) | No (Domestic violence only) |
| Injuries / Crimes by Geographic Area | Yes | Yes | No |
| Type of Location (School, Work etc) | Yes | Yes | No |
| Time of Occurrence | Yes | Yes | No (In data but not reports) |
| Monthly Frequency of Injuries | Yes | Yes | No (In data but not reports) |
| Link to Substance Abuse | Yes | Yes | No |
| Prosecution Rates per Region | N/A | N/A | No |

Table 7: Features of the main data gathering systems in Croatia

⁶² *Ibid*, citing Ministry of Veterans, Family and Inter-Generation Solidarity, *National Strategy of Protection against Family Violence, for the Period from the Year 2005 till the Year 2007*, 2005.

⁶³ Pietz T, Edelmann R, Isikozlu E, *SALW Survey of Croatia*, ((forthcoming) Belgrade, SEESAC, 2006), citing an interview with Neve Tolle, Autonomous Women's Organization, Zagreb, 16 February 2006.

⁶⁴ Pietz T, Edelmann R, Isikozlu E, *SALW Survey of Croatia*, ((forthcoming) Belgrade, SEESAC, 2006), citing an interview with Melina Skouroliakou, International Liaison, B.a.B.e. - Women's Human Rights Group, Zagreb, 17 February 2006.

⁶⁵ Information on the MOI is based on an interview with the Deputy Spokesman, Public Relations Department, Ministry of Interior, July 2006.

2 Injury surveillance data

2.1 Data gathering policy and budget

Healthcare providers in Croatia send data on injuries to the Croatian National Institute of Public Health (CNIPH).⁶⁶ All healthcare providers coming into contact with injuries caused by SALW are further obliged to notify the police.

In 2000, the Parliament passed a decision on the Programme of Statistical Research of the Republic of Croatia 2000 - 2002, which covers the activities of the Croatian National Institute of Public Health regarding statistics, and its cooperation with institutions such as the WHO, the UN, the ILO, and Eurostat.

Under the proposed National Strategy for the Development of Public Health, there are plans for the creation of a new national computerised database for use by the health system, government agencies and international organisations.

2.2 Data gathering practices

Health clinics, doctor's surgeries, emergency rooms, intensive care units and ordinary hospital wards are all incorporated into the system for monitoring public health in Croatia. Most hospitals and other larger institutions keep records electronically, while small practices keep manual records. The modernization of record keeping in the health care system is not yet complete, which means that processes are not uniform nationwide and record-keeping can be inconsistent.

There were other reasons cited for variations in the quality of information produced across the country, including the lack of sufficient training and lack of sufficient time and resources for implementing the system. A family doctor interviewed noted that records were not always filled out in full due to the pressure on the time of doctors.⁶⁷ The same interviewee stated that family doctors were unlikely to recognise the importance of the information collected in records because they never personally come into contact with the results, or directly see their significance for public health development, prevention, or other policy responses.

Doctors generally attempt to record the implement used to inflict an injury, but are dependent on information supplied by the patient regarding the type of firearm involved. It was stated by a surgeon interviewed that hospitals could benefit from greater financial resources for their general operations.⁶⁸ The same interviewee pointed to the need for a more coherent and better funded data collection and analysis system. Although patients with armed violence injuries are usually reluctant to discuss details of the incident, there are adequate facilities for talking over the details of cases with patients in a calm and private setting.

2.3 Handling and management of data

There are clear guidelines on what information to gather, how to store it and pass it on to the national level. Although there were said to be sufficient numbers of qualified staff to fill in records and process them electronically, capacity to analyse information collected in written reports was identified as an area of weakness.

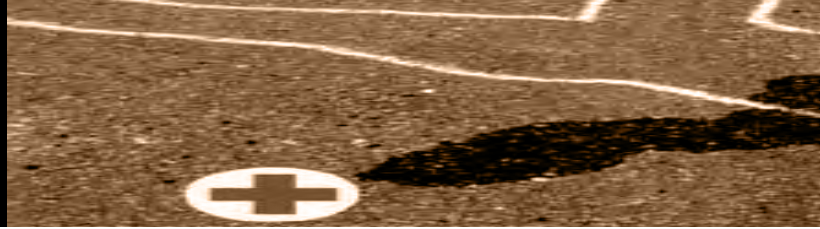
2.4 Use and accessibility of data

Data from the system for classification of diseases is delivered annually to the Regional Office of the WHO in Copenhagen and Central WHO Office in Geneva. It is also delivered to the International Labour Organization and, through the Central Bureau of Statistics in Croatia, to the EUROSTAT and UN databases. The data is also publicly

⁶⁶ Unless otherwise stated, information presented in this section is derived from interviews with Dr Ivana Brkic Bilos, Croatian National Institute of Public Health, Chronic Mass Disease Service, Injury Control and Prevention Department, July 2006 and Representative, Directorate of Medical Affairs, Ministry of Health, July 2006.

⁶⁷ Interview with Lara Dadić, General Practitioner, Zagreb, 18 July 2006.

⁶⁸ Interview with Drađan Đurđević, Surgeon, Clinic for Traumatology, Zagreb, 14 July 2006.



available, as reports are published in the Croatian Health Service Annual, and made available online.⁶⁹ Personal data is considered confidential and is not included in public documents.

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

Data on armed violence is held in the registry of the Ministry of Interior, which has an integrated information system for monitoring levels of reported crime.⁷⁰ The Minister of Interior issues guidelines on what records to keep based on laws governing registers of information. Furthermore, the programme on statistical research established by Parliament, on the basis of the Law on Official Statistics, provides guidelines about methods of collecting and storing data and information, including security-related information. The Mol system draws as noted above on information supplied by healthcare providers: every injury (including traffic incidents as well as violent incidents) is reported, within 24 hours of being presented to a healthcare institution, to the Police Department, along with all required data.

According to the Mol, departments in the Central Ministry of Interior continuously evaluate the system of data gathering and analysis to address any deficiencies in methodology and the scope of collected data.

3.2 Data gathering practices

Police officers have clear policy guidelines on what kinds of records to keep. Records of crimes are entered onto the database by the police officers in all police stations and special departments of all police headquarters. Data compiled at the national level draw on uniform practices in recording crime data across the country, and there were said to be no variations in the quality of information gathered in different parts of the country. However, the Ministry of Interior noted that many police officers are focused on individual criminal cases, and thus are focussed less on the overall picture generated from records of specific cases. For this reason, many officers under-recognize the importance of data gathered for research and analysis of trends. Additional sensitization may therefore be necessary to raise awareness of the importance of records for research, analysis and policy making.

According to the Mol, the Croatian police information system offers an unusual level of detail on armed violence. The information system contains databases holding information dating back 30 years, that enable analysis of all of the following factors: how many of the total number of each type of crime involved SALW; which gender is most often victim or perpetrator; which age group is most often victim or perpetrator; whether crimes are more or less common among low-income, ethnic, refugee or other groups; what type of weapon was most commonly used for each different type of crime; how many crimes were the result of different kinds of incident; in which areas firearms-related crimes are most common; in what type of location crimes are most likely to take place (home, workplace, school etc); at what time of day/week/month/year crimes are most likely to occur; what the variations are in the types of crime occurring in different areas; and whether incidence of firearms-related crime is linked to the abuse of particular substances.

3.3 Handling and management of data

Police stations have the equipment they need to process the information they collect. Information is entered directly on to the integrated information system by Police Officers using IBM Z/OE software. The procedures for passing information up to the national level function through the Mol information system. All data on all security issues and events, as well as all operations, are registered in Mol documents. Important data reflecting trends are selected and entered in the registers. From the registers, the data are aggregated for statistical analysis and, following analysis, are forwarded to all authorized bodies and made public.

⁶⁹ For example, Croatian National Institute of Public Health reports are available at: <http://www.hzjz.hr/izvjescja/index.htm>

⁷⁰ This section is based on an interview with the Deputy Spokesman, Public Relations Department, Ministry of Interior, July 2006.

3.4 Use and accessibility of data

There are restrictions on the accessibility of police information on crime, regulated by the Law on Protection of Personal Data. Statistical data and information are viewed as public data, and can be provided to all interested parties. They are published periodically and available on the website of the Ministry of Interior. Individual data on particular cases can be provided only to authorized bodies as prescribed by the Law on Protection of Personal Data.⁷¹ Policy changes have been made on the basis of crime data. For example, on the basis of recommendations and information gathered from analysis of crime registers, changes have been made to Criminal Law, such as the adoption of the Law on Protection from Domestic Violence, and National Strategies have been adopted on the Fight Against Drug Abuse, Corruption, Organized Crime and Terrorism.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

Both the State Prosecutor's Office and the courts collect data on crimes, classified according to the type of crime, for the State Bureau of Statistics.⁷² The Prosecutor's Office gathers information on prosecutions while the courts cover convictions. The process of gathering information from the judicial system is determined by the Archives Law and the Law on Court Procedures.

A new improved Integrated Court Management (ICM) system is currently planned for introduction.

4.2 Data gathering practices

Data compiled at the national level draw on uniform practices in courts across Croatia. The data do not distinguish from the overall total the number of prosecutions and convictions that are SALW-related. Forms are standardised but there can be variations in the quality of data received because forms are sometimes completed to different standards. There are adequate staff and finances available to maintain the system in its current state.

4.3 Handling and management of data

Courts themselves process manually completed records onto an electronic database, and are in most cases adequately equipped to do so.

4.4 Use and accessibility of data

The State Bureau of Statistics compiles annual reports for the Government and the Ministry of Justice on the level of reported crimes and the number of convictions. Reports compiled from data gathered through the judicial system do sometimes form the basis of legislative reforms.

5 Coverage of vulnerable groups

It was stated that some geographical areas, such as the many islands of the Croatian coast, have lower levels of access to healthcare than others. Likewise, the Roma population and illegal immigrants have lower levels of access to healthcare providers compared to other groups.

The SALW Survey of Croatia noted that there is a tendency for domestic violence not to be reported by women.⁷³ This was confirmed by interviewees for this report, who also drew attention to the fact that it may not always

⁷¹ Comment from Goldstein and Feldman, Regulation on the method of maintaining and the form of the records on personal data filing system, in Official Gazette, 105/04, 28 July 2004, and Regulation on the method of storing and special technical protection measures of special categories of personal data, in Official Gazette, 139/04, 06 Oct. 2004.

⁷² This section is based on an interview with Snježana Bagić, State Secretary, Ministry of Justice, 20 July 2006.

⁷³ Pietz T, Edelmann R, Isikozlu E, SALW Survey of Croatia, ((forthcoming) Belgrade, SEESAC, 2006).



be recorded as a crime, depending on the competence of the law enforcement officer dealing with the case.⁷⁴ Women's organisations reported to the SALW Survey that levels of domestic violence were much higher than is shown in official figures. It is unlikely that under-reporting would affect what is known about firearms injuries caused by domestic violence, as severe injuries would be unlikely to go unreported or unrecorded. However, crimes perpetrated using weapons as a threat, including rape, may be much more common than is shown in official figures.

According to the Mol, no other groups can be identified to have lower trust in or access to law enforcement authorities.

6 Conclusion

While it is encouraging that different healthcare providers in Croatia are integrated into a single system, information gathering could be improved. It is hoped that the modernization of the health service will standardise the approach to record keeping nationwide. Training in both how and why to gather data, and a decrease in the pressure of work on staff, would also lead to more thorough and accurate record-keeping in the health sector.

The system under which police are routinely notified of any SALW-related injury encountered by healthcare providers increases the coverage of total incidents attained by police. The integration of healthcare providers under a common system also demonstrates a capacity for gathering of comprehensive data that could be built on if greater priority were attached in future to armed violence data collection. A specific recommendation noted above would be for sensitization of police officers of the importance of compiling high quality records of criminal cases for the purposes of research, analysis and policy-making.

The information system of the Mol and the planned Integrated Court Management system also demonstrate Croatia's developing information structures. Thus the financial, technological and human resources appear to be available to develop each of the major systems towards a comprehensive armed violence monitoring mechanism. It remains to be seen whether the level of armed violence in Croatia is of sufficient concern to the Government to lead to reforms of the information systems currently in use.

It will also be interesting to note whether more detailed monitoring by Croatian women's organisations will reveal the suspected pattern of under-reporting of violence against and threats to women involving SALW. If successful, it could be important to replicate this approach to measuring violence and threats reported by women to women's organisations in other countries, so that the potential gap in official statistics does not obscure the true extent of the problem.

⁷⁴ Interview with the Deputy Spokesman, Public Relations Department, Ministry of Interior, July 2006.

FYR Macedonia

1 Availability of data

1.1 National policy on armed violence data

In FYR Macedonia there is no policy focussing specifically on gathering data on armed violence. Although official institutions claim to attach importance to available information coming from different sources, the National Committee for SALW that is mandated to tackle the issue of armed violence *'has just been assembled in 2006, and is expected to start to function from 2007'*.⁷⁵ Different methodologies are in use among different sources of information that come into contact with armed violence cases, and the health sector in particular could be better co-ordinated and equipped to provide accurate and comprehensive statistical information on armed violence.

The main policy on data collection is outlined in the 'Law on State Statistics' enacted in Parliament in September 1997. According to this Law the Government *'enacts a programme for statistical research, on a proposal made by the State Statistical Office in cooperation with other relevant institutions'*.⁷⁶ The statistical research programme regulates the content of the research, the methodology and sources, deadlines and the publication of data gathered. Even though the Programme for Statistical Research for the 2003 - 2007 period covers a lot of issues, including research done by the Ministry of Interior, the Republic Institute for Health Protection, and the Ministry of Justice, the information produced in the area of armed violence is piecemeal, and no research project for collecting data on armed violence is envisaged in it.⁷⁷

1.2 Participation in monitoring mechanisms

The Republic Institute for Health Protection holds a 'European Health Database' (EHD) where diseases, injuries and mortality are reported in line with WHO standards. The database provides information for injuries and deaths from firearms (according to ICECI standards in the view of the WHO representative interviewed,⁷⁸ although the quality and level of detail in information gathered is limited, as described below). While diseases are classified under ICD-10, mortality data are still being classified under ICD-9.

1.3 Data in existing reports

The WHO's *World report on violence and health* contained information on the overall rate of firearms related death in FYR Macedonia, subdivided into homicides, suicides and accidental deaths.⁷⁹

The only research to have been undertaken in FYR Macedonia looking in any detail at armed violence and data gathering on this subject, is the SALW Survey, 'A Fragile Peace: Guns and Security in post-conflict Macedonia'. The section of the SALW Survey dealing with 'The Impact of SALW' offers a useful background to the availability of data in the country.⁸⁰

The SALW Survey presents hospital data showing the overall level of gunshot injuries. It was also able to show the gender and ethnicity of victims, and indicate broadly where injuries had occurred (by the location of the hospital, and also by whether the victims were urban or rural dwellers). The hospital data also made the categorisation of injuries by severity into light, heavy and critical injuries. However, the availability of this impressive level of

⁷⁵ Interview with Trpe Stojanovski, Mol, 06 July 2006.

⁷⁶ 'Law for State Statistics', *Official Gazette of the Republic of Macedonia*, No 54/97, Art. 20.

⁷⁷ Government of the Republic of Macedonia, Programme for Statistical Research in the 2003-2007 period, No 23-2344/1, Skopje, October 2003.

⁷⁸ Interview with Marija Kisman, World Health Organization, 05 July 2006.

⁷⁹ Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p. 323.

⁸⁰ All data referred to in this section of the present report analyses information presented in Grillot S, Stoneman S, Risser H, 'A Fragile Peace, Guns and Security in Macedonia', (Belgrade, Small Arms Survey, BICC and SEESAC, 2004), pp. 41-52.



detail required primary research by the locally-based NGO Institute for Democracy, Solidarity and Civil Society (IDSCS). The NGO research team compiled the statistics presented from medical cards in five state hospitals, therefore the data do not reflect the level of information continuously available from formalised data collection and management structures. Furthermore, the quality of data was reduced because of: inappropriate storage conditions for records in some hospitals; illegibility of some records; failure to create records for some light gunshot injuries; and the absence of deaths before reaching hospital from the records examined.

Moreover, unregistered private hospitals, primarily operating in Albanian areas, were treating an unknown number of injury cases, and the research team was denied access to any records that may have been held in such hospitals. The survey also noted that doctors reported in interview *'that some, and perhaps a significant number of, gun injuries go unrecorded and untreated'*.⁸¹

According to the SALW Survey of FYR Macedonia, neither official MoI statistics nor Interpol statistics indicated the involvement of SALW in different forms of crime. The survey also drew attention to the difficulty of obtaining statistics from the MoI, but did quote an MoI statistic on the total number of firearms homicides over a five-year period. The Macedonian Bureau of Statistics also provided figures on the number of firearms homicides for specific years, but they appeared to contradict data from other sources.

The SALW Survey drew on the findings of a media analysis of reported gun shot incidents. The media analysis produced data regarding the overall number of reports on firearm incidents, and in most cases on the frequency and location of incidents, the age, gender and ethnicity of perpetrators and victims, the type of weapon involved and whether it was legal or illegal. Media reports also gave indications as to whether injuries reported were fatal or non-fatal, and whether the injury was accidental, self-inflicted, or inflicted by an individual or a group. However, the relation between the number of reports and the overall number of incidents was unclear, which again raises questions about the accuracy of media analysis as an information source.

A survey of public perceptions conducted for the SALW Survey offered figures on: the proportion of respondents' families who had been victims of crime in the preceding three months; and the proportion of the crimes reported by respondents which involved firearms. However, variations in the size of families make it difficult to gauge accurately from such questions the level of armed violence, and as noted above, such perceptions surveys provide a snapshot of the problem rather than a reliable, sustainable means of monitoring it over time.

The Early Warning Report (EWR), commissioned and implemented by the UNDP in FYR Macedonia, reflects the personal perceptions of security. Data gathered in this report reflect public perceptions of the danger of weapons, problems with SALW in one's own local community or other threats. This does not amount to a reliable source of information on armed violence or victims of armed violence.

1.4 Features of the main data gathering systems

Features of the main data gathering systems in FYR Macedonia are summarised in the table below:

| DATA INDICATORS | STATE DIRECTORATE FOR HEALTH PROTECTION | STATE STATISTICAL OFFICE (VIOLENT DEATH) | MOI | MINISTRY OF JUSTICE |
|--|---|--|-----------------------|--|
| Proportion of Crimes / Injuries involving SALW | Yes | No | Yes (Records only) | No (Except armed robbery or armed rebellion only) |
| Intentionality | Yes (Where ICD allows) | Yes | Yes | N/A |
| Gender (Victim) | Yes | Yes | Yes | No |
| Age (Victim) | Yes | Yes | Yes | No |
| Gender (Perpetrator) | No | No | Yes | Yes |

⁸¹ *Ibid*, p. 43.

| DATA INDICATORS | STATE DIRECTORATE FOR HEALTH PROTECTION | STATE STATISTICAL OFFICE (VIOLENT DEATH) | MOI | MINISTRY OF JUSTICE |
|---------------------------------------|---|--|-----------------------|--|
| Age (Perpetrator) | No | No | Yes | Yes (Adult / Juvenile) |
| Victimisation (Ethnicity) | Yes (Records only) | Yes | Yes | Yes (Perpetrator) |
| Victimisation (Income Group) | Yes | No | No | No |
| Types of Weapon causing Injuries | Yes | No | Yes (Records only) | No |
| Type of Incident (Dispute, Theft etc) | No | No | Yes | Yes (Categorised by offence under penal code) |
| Injuries / Crimes by Geographic Area | No | Yes | Yes | Yes |
| Type of Location (School, Work etc) | No | No | Yes (Records only) | No |
| Time of Occurrence | No | Yes (Records only) | Yes (Records only) | Yes |
| Monthly Frequency of Injuries | Yes | Yes (Records only) | Yes | Yes |
| Link to Substance Abuse | No | No | No | No |
| Prosecution Rates per Region | N/A | N/A | N/A | Yes |

Table 8: Features of the main data gathering systems in FYR Macedonia

2 Injury surveillance data

2.1 Data gathering policy and budget

The system of keeping health statistics in the Republic of Macedonia is regulated by the following legislation: the 'Law on Health Care' (*Official Gazette of the Republic of Macedonia*, No 46/93 and Official Gazette No 10/04); the 'Law on Healthcare Records' (*Official Gazette of SFRY*, Nos 22/78; 37/79; 18/88, and *Official Gazette of the Republic of Macedonia*, No 15/95); and 'Guidelines on Methods of Healthcare Record Keeping' (*Official Gazette of the Republic of Macedonia*, No 21/85).⁸² Specific forms and procedures for gathering data from health institutions are established in the 'Law on Statistics' and the 'Programme for Statistical Research'.

Information is supposed to be collected on the basis of 'defense needs, information provided to the general public, enforcement of international obligations pertaining to healthcare and other official purposes'.⁸³ The whole system is administered and overseen by the Republic Institute for Health Protection. Research conducted by the Republic Institute for Health Protection in the 2003 - 2007 period does not directly cover injury, violence or armed violence as a key area of focus.⁸⁴

However, in cooperation with the WHO, the Ministry of Health and the Republic Institute for Health Protection are preparing a draft law on maintaining healthcare records that will be compatible with EU legislation and WHO statistical standards. The current Health Sector Reform also extends to establishing an integrated health information system and information technology centre, to be hosted by the Republic Institute for Health

⁸² Government of the Republic of Macedonia, Answers to the EC Questionnaire, Chapter 12 Statistics, 35. Health and Safety, 1 Module 35100 Public Health Statistics, p. 37.

⁸³ *Ibid*, p. 38.

⁸⁴ The key topics are 'diseases', 'abortion', 'state of health organizations', 'contamination of soil, earth and water', 'addiction to alcohol and narcotics', 'newborns' and others, according to the Government of the Republic of Macedonia, Programme for Statistical Research in the 2003 - 2007 period, No 23-2344/1, Skopje, October 2003, pp. 292 - 318.



Protection. The time plan and budget for these activities, and more specifically the potential to collect data on armed violence, is unclear at present.⁸⁵

In the European Health Database there are indicators for homicide and intentional injuries, and also suicide and self-inflicted injuries. The system draws on data from all hospitals that have treated victims of armed violence, and is designed to be representative for all injuries occurring in the country.

The WHO has given recommendations to improve the process of data collection and analysis to the national commission that is in charge of preparing a national strategy, action plan and budget on this issue. However, at present, none of the official documents have been enacted. This process has facilitated the change from the EHD-9 to the EHD-10 system.

2.2 Data gathering practices

As stated above, the forms and procedures for gathering data used in health institutions are regulated by law. However, although research to inform the European Health Database is conducted according to legal requirements, there are weaknesses in this system. The process of admitting patients and keeping medical records is standardised for all healthcare institutions, but there are different forms of reporting and data gathering for different health institutions, such as hospitals, clinics and so on.

As discussed above, previous research by IDSCS presented in the SALW Survey of FYR Macedonia found that data could only be compiled on armed violence by directly investigating hospital records. These records were said to be poorly stored and illegible in some cases, while private and unregistered hospital records were not open to examination.

At present, according to WHO officials as well as officials from the Republic Institute for Health Protection, doctors from local hospitals, and especially ones from smaller or rural areas, do not take the process of data gathering seriously, so there are some variations in the quality of the records. Reasons for this include low awareness and a high burden of other obligations. Often nurses take responsibility for filling in forms, and they do not fully understand the classification of the causes of death. Thus until recent years, the main reason for death was 'undefined', as reports from the EHD database show.⁸⁶

There are two different types of forms that are completed when a patient is taken into hospital for treatment of a firearms injury. Besides the completion of the admission book when the patient is admitted, a patient record card and a hospital sheet are used to record information on morbidity, mortality and the treatment offered. These forms clearly show the implement used to inflict injury in cases of external injuries, based on the ICD-10 (for morbidity) and ICD-9 (for mortality). Healthcare data gathering instruments collect information that makes it possible to analyse the gender and age of the victim and perpetrator, group specifics (ethnicity, income level etc), where incidents happen, types of weapon used, and other factors. The healthcare system does not collect data indicating intoxication, intentionality of infliction, whether the injury was self-inflicted and the place of occurrence.

According to the IDSCS research into hospital data conducted in 2003, the process of admitting patients in hospitals in FYR Macedonia could be preventing the data from reflecting the actual number of cases encountered.⁸⁷ According to the 2003 research, a patient with a firearms injury, like any other patient, was first taken to a general ward, where general information was recorded in an admittance book used to record all admissions. In more serious cases, the patient was taken for treatment to a specialised department, such as surgery or traumatology. Patient record cards for these patients were completed in the specialised department. Patients with only light injuries could, however, be taken to an ambulance for basic treatment and then discharged without further record being taken. Hospitals did not retain patient cards recording these cases. Out of the 79 cases of

⁸⁵ Government of the Republic of Macedonia, Answers to the EC Questionnaire, Chapter 12 Statistics, 35. Health and Safety, 1 Module 35100 Public Health Statistics, p. 38.

⁸⁶ Interview with Marija Kisman, World Health Organization, 05 July 2006.

⁸⁷ Taleski, D, 'Proliferation of SALW in the Republic of Macedonia, Report of the medical cards of gun shot victims in the Republic of Macedonia', (IDSCS, Skopje, July 2003).

firearms injury identified in the 2003 research, only 25 were recorded on patient cards. If this is representative of current practice, it could mean that the '*majority of victims of armed violence do not have medical cards in the hospitals*'.⁸⁸ This would amount to a large gap in the coverage of armed violence offered by the data gathering system.

Both the book of admittance and patient record cards are filled in manually. Although such records containing information on armed violence were found in 2003 to be kept in all hospitals and other health organizations, collation and analysis of the information on firearms injuries was found not to have occurred before.

The IDSCS research, which involved interviews with 26 doctors from six state hospitals, also noted that, '*sometimes doctors are threatened not to disclose the patients' information*',⁸⁹ which suggests a further factor preventing cases from showing up in national data. Likewise, the current research noted the tendency for cause of death on patient record cards to be classified according to the immediate physiological cause, and thus often fail to record wounds inflicted with SALW as the ultimate cause of death.

Interviewees informed the research team for the present report that staff always complete records in full, and have adequate time to do so. Doctors reportedly also have the skills to conduct interviews with sensitivity. One problem is that the doctors who are qualified to complete records often delegate the task to nurses who are less qualified to do so. One problem identified was that staff do not always have adequate facilities for talking over a case in a quiet and private setting.

2.3 Handling and management of data

The data gathered by most, though not all, primary healthcare institutions are electronically processed onto a database for gathering and storing data specifically designed for the institution. Hospitals have trained staff for processing records onto databases. The software is usually tailor-made to the needs of the individual hospital by programming companies. Most hospitals have adequate equipment to collect and handle data in the appropriate way. However, almost all interviewees in the health sector complain that the IT equipment is obsolete and that modernisation would improve the current system. Primary healthcare staff likewise noted the lack of funding for maintaining the record system.

Monthly reports are collected from all health care organizations around the country via ten City Institutes for Health Protection (located in Skopje, Kumanovo, Veles, Strumica, Stip, Kocani, Ohrid, Tetovo, Prilep and Bitola). Private health institutions are also obliged to report to the City Institutes for Health Protection. These then pass on data to the Republic Institute for Health Protection, where they are then entered into a database. Each City Institute for Health Protection reports twice annually to the Republic Institute for Health Protection. The database containing this information is shared with the broader European Health Database. The Republic Institute has technical equipment and human resources to sustain the quality of the data. However, local hospitals and other health organisations '*do not have sufficient capacities*'.⁹⁰

Both City and Republic Institutes for Health Protection suffer from a shortage of qualified personnel, and the health system more generally has a shortage of IT personnel. The Unit for Injury and Violence Prevention and Control within the Republic Institute for Health Protection currently has only one employee.

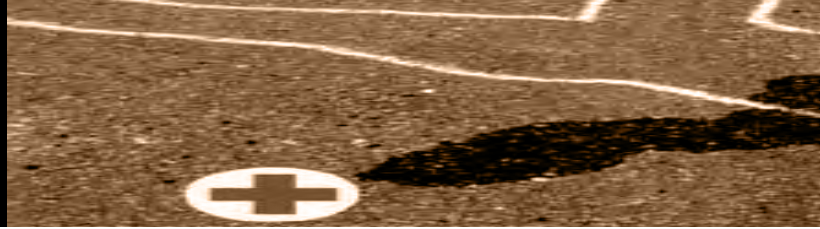
2.4 Use and accessibility of data

The Republic Institute for Health Protection publishes an annual *Report on the health conditions and health protection of the population of the Republic of Macedonia*, which is also delivered to the WHO. It also publishes a *Report on hospital morbidity*. Reports of the City and Republic Institute for Health Protection are also available to the general public, free upon request. Public access to data is only restricted with regard to the personal information of patients.

⁸⁸ *Ibid*, p. 10.

⁸⁹ IDSCS, Proliferation of SALW in the Republic of Macedonia, *Report of the interviews with doctors*, Skopje July 2003.

⁹⁰ Interview with Marija Kisman, World Health Organization, 05 July 2006.



3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

The collection of information on armed violence is not a key priority of the system, and the Ministry of Interior (Mol) is not fully incorporated in the wider process of compiling criminal justice data. The standards for data gathering in the criminal justice sector are set in the 'Law on Statistics', the 'Law on the Penal Code', the 'Programme for Statistical Research' (2003-2007) and the 'Law on the Courts' published in the *Official Gazette of the Republic of Macedonia* No 36/95. The 'Law on Statistics' establishes the guidelines, the Penal Code defines the categories of crime under which data are compiled, the 'Programme for Statistical Research' elaborates data gathering projects and the 'Law on the Courts' obliges the courts and prosecutors to cooperate and provide information. In the field of armed violence, the 'Programme for Statistical Research' does not provide for extensive involvement of the Mol or task it with collecting data. The only exception to this is that the State Statistical Office, through the Programme for Statistical Research, compiles information from the Ministry of Interior and the Ministry of Justice on the types and causes of violent death in FYR Macedonia.

Otherwise, in terms of the Programme for Statistical Research, the Mol is responsible for research on 'fires and explosions', 'car accidents', 'international traffic and transit of cars and passengers through Macedonia', 'registered vehicles' as well as some data gathering on violence and mortality.⁹¹

The Mol collects data on the basis of the framework provided by the Penal Code of the Republic of Macedonia, and in compliance with the 'Law on State Statistics'. The Mol is also tasked with 'research and analysis in the scope of its work' under the 'Law on Internal Affairs'.⁹² Thus aside from the interagency statistical programme, the Mol has its own mandate for monitoring crime data, and with the help of the UNDP, has established a system for gathering and storing data on a software database. However, this system does not target data on armed violence, and is not harmonised with other existing systems, such as that of the State Statistical Office, which collects statistics on violent death.

In order to compile and analyse crime data, the Mol has formed a sector for documentation and analysis, and enacted by-laws, which set out guidelines and methodology for data gathering. This sector draws on information provided by police officers nationwide to create a comprehensive database of recorded crimes as they are defined under the Penal Code. Staff salaries and technical equipment are financed from the general budget of the Ministry. The Mol sector for documentation and analysis uses its information primarily for internal purposes.⁹³

3.2 Data gathering practices

In terms of the data collected on violent death by the State Statistical Office, through the Programme for Statistical Research with the cooperation of the Ministry of Interior and the Ministry of Justice, data are collected using a statistical questionnaire by the administrative workers in all police stations around the country and sent to the Statistical Office.⁹⁴ The questionnaires include 'type, day, month, hour, interval between the event and death, certificate of death and medical report', and the personal information of the deceased. Reports from this research project are published, presenting information on fatal accidents, suicides and homicides in FYR Macedonia. The data in the reports show the gender of the victims as well as their place of residence, but do not give details on the proportion of violent deaths involving firearms, or victims of armed violence.⁹⁵

The Mol sector for documentation and analysis noted above gathers data primarily from police stations around the country, based on a standard questionnaire that is filled out by front line police officers and clerks in the

⁹¹ Government of the Republic of Macedonia, 'Programme for Statistical Research in the 2003 - 2007 period, No 23-2344/1', Skopje, October 2003, pp. 319-320.

⁹² 'Law on Internal Affairs', *Official Gazette of the Republic of Macedonia*, No 51/05.

⁹³ Interview with Trpe Stojanovski, Mol, 06 July 2006.

⁹⁴ Government of the Republic of Macedonia, 'Programme for Statistical Research in the 2003 - 2007 period, No 23-2344/1', Skopje, October 2003, p. 4.

⁹⁵ State Statistical Office, 2.1.6.21 Statistical Report: Violent Deaths in the Republic of Macedonia 2005, Skopje, 19 June 2006.

police station. Officers in charge of data gathering at local police stations reportedly take their job very seriously. Questionnaires are standardized to reflect the definitions and approaches of the Penal Code, and are used throughout the country to create a standard record of all criminal offences.

Besides the Mol, there is no other parallel structure that has the authority or capacity to gather data on crime involving firearms. In terms of collection of data on armed violence, the Mol system presents two clear problems. Firstly, it does not distinguish armed crime from other types of crime, since the data gathering instruments are not set up to do so. Secondly, the methodology is not in line with that of the health and judicial information gathering systems. Sources from the Mol believe that the system could be most productively improved *'through providing a multi-sector approach and aligning the existing methodologies'*.⁹⁶ It would also be desirable for additional financial resources to be available for specific research projects.

3.3 Handling and management of data

The Mol sector for documentation and analysis has the capacity, including technical equipment and human resources, to fulfil its role. Local police stations also have sufficient technical resources and computers, and are responsible for compiling their own data sets (although these do not cover armed violence). Data from the forms manually filled out by police officers and police station clerks are entered into an electronic database by Mol employees in the sector for documentation and analysis, which is dedicated wholly to the task. As with police officers gathering the information, ministerial staff processing the data reportedly take their duties very seriously.

3.4 Use and accessibility of data

As noted above, Mol information is used primarily for the internal purposes of the Mol, such as solving criminal cases or policy analysis.⁹⁷ According to one civil society observer, it is very difficult to obtain official information from the Mol: *'it is a very lengthy and bureaucratic procedure, and the results are small to non-existent'*, and therefore information sharing and greater public transparency, *'are necessary reform processes of the Mol, especially in armed violence related issues'*.⁹⁸ The Mol's approach partly stems from the fact that much of the information it stores is personal information, which is protected under Article 18 of the Constitution, as well as the Law on Personal Data Protection enacted in Parliament on 25 January 2005.⁹⁹

Despite the lack of public access to this information, it is encouraging to note that the public has been consulted in relation to policy reform and initiatives to control SALW such as during the preparation of the 'Law on Voluntary Surrender of Fire Arms' and the 'Law on Weapons'. The recently formed National Commission on SALW, although not yet fully functioning, is expected to draw extensively on *'data gathered by the Mol, as well as data available from other sources, in its policy proposals'*.¹⁰⁰

4 Gathering of data by judicial institutions

4.1 Data gathering policy

Data collection in the Judicial System is administered by the Ministry of Justice. In this role the Ministry of Justice is bound by the 'Law on State Statistics', the 'Programme for Statistical Research' for the 2003 - 2007 period and the 'Law on the Courts', published in the *Official Gazette*, No 36/95.

⁹⁶ Interview with Trpe Stojanovski, Mol, 06 July 2006.

⁹⁷ *Ibid.*

⁹⁸ Interview with Vladimir Pandilovski, National Arms Association, 07 July 2006.

⁹⁹ Government of the Republic of Macedonia, 'Answers to the EC Questionnaire', Chapter 24, Justice and Home Affairs.

¹⁰⁰ Interview with Trpe Stojanovski, Mol, 06 July 2006.



The Sector for Social Statistics contains a Department that deals with 'public statistics and the Judiciary' and which produces a publication entitled *Perpetrators of criminal offences*.¹⁰¹ The typology of categories is based on Penal Code categories. Although many of the categories of crime have subcategories of criminal activities where possible usage of firearms and explosives is envisaged and regulated, the Penal Code does not define armed violence as a separate type of crime.¹⁰² Therefore, armed violence cases cannot be distinguished from other offences. However, in the publication some of the cases, as defined in the Penal Code, are further subdivided, and thus in some categories usage of firearms is either a necessary factor or a probable factor. For example, in the category 'crimes against life and body' subcategories of: 'murder, unpremeditated murder, manslaughter, bodily harm, grievous bodily harm and threatening with a dangerous instrument during a brawl or a quarrel' are given.¹⁰³ A proportion of crimes in such categories is likely to have involved firearms. The use of firearms is explicitly referenced under the category 'crimes against property' where cases of 'armed robbery' are reported.¹⁰⁴ The same is true with the categories of 'crimes against the state' where cases of 'armed rebellion' are listed, and also with the category 'crimes against public order' which contains the offence of 'unlawful keeping of weapons or explosive materials'.¹⁰⁵

4.2 Data gathering practices

Data on criminal offences are gathered from all around the country based on regular 'statistical surveys on reported, accused and convicted perpetrators of criminal acts'.¹⁰⁶ Data gathering is done on the basis of standardized statistical questionnaires, prepared by the State Statistical Office, and filled in by all public prosecution offices and courts of the first instance in the Republic of Macedonia. Data are gathered from all municipalities on the perpetrators of criminal offences as to their gender, age (adult or juvenile), the time and place of the offence, their previous convictions, ethnicity and education, and their period of detention and proceedings.

As already stated, the data are gathered based on definitions of the Penal Code, and thus do not reflect information specifically on armed violence, such as the type of weapons used or how many of each type of crime has resulted from different kinds of incident and their specific location.

Data on reported crimes and accused criminals indicate the trial verdict, the submitter of complaint, duration of the proceedings and the period of remand, as well as the nationality of the defendant. Data on convicted perpetrators also include information on previous convictions, joint perpetration, education and occupation, and the penalty given to the perpetrator. The Ministry of Justice oversees the data gathering process, and is often the intermediary acting 'on behalf of the State Statistical Office to secure the data gathering from the courts and prosecutors'.¹⁰⁷

The standard questionnaire is distributed to all municipalities that have a court or a prosecutor's office. They are filled out manually by clerks, who are reportedly overloaded with tasks in a variety of areas, and thus whose thoroughness in carrying out the data gathering process is questionable. No specific funding is allocated for data gathering in the judicial system, and when the process is in stagnation, 'a notification from the State Statistical

¹⁰¹ State Statistical Office, official web site www.stat.gov.mk, accessed 07 July 2006.

¹⁰² The type of crimes defined by the Penal Code are 'crimes against life and body'; 'crimes against the freedoms and rights of humans and citizens'; 'crimes against voting and elections'; 'crimes against work relations'; 'crimes against sexual freedom and sexual morality'; 'crimes against marriage, family and youth'; 'crimes against human health'; 'crimes against the environment and nature'; 'crimes against property'; 'crimes against the cultural heritages and natural rarities'; 'crimes against public finances, payment operations and economy'; 'crimes against the general safety of people and property'; 'crimes against safety in public traffic'; 'crimes against the state'; 'crimes against the armed forces'; 'crimes against the official duty'; 'crimes against the judiciary'; 'crimes against the legal traffic'; 'crimes against the public order'; 'crimes against the humanitarian and international law' and 'crimes outside the criminal law'. 'Law on Penal Code', *Official Gazette of the Republic of Macedonia*, No 19/04.

¹⁰³ Republic of Macedonia State Statistical Office, 2.4.4.10 - 473 Statistical Review: Population and social statistics, *Perpetrators of Criminal Offences in 2003*, Skopje 2004, p. 16.

¹⁰⁴ *Ibid*, p. 18.

¹⁰⁵ *Ibid*, pp. 20 - 21.

¹⁰⁶ *Ibid*, p. 10.

¹⁰⁷ Interview with Nikola Prokopenko, Ministry of Justice, 04 July 2006.

Office is given to the Ministry of Justice, which for its part contacts the relevant courts and pushes for due submission of the reports'.¹⁰⁸

There are no other parallel structures for judicial procedures or for gathering data from the courts. The system is currently dependent on the weak resources and capacities of the judicial system. Variations in the quality and the dynamics of the court and prosecutors' reports appear, but they seem to be more connected with the '*current work load of the administration in a specific municipality in a given period of time*', than with anything else.¹⁰⁹

In 2005 USAID started a project for improving data gathering in courts, aimed more at general data from court proceedings than at data on armed violence. The aim of the project was to align the methods for storing data with EU standards. The project is currently on hold, because it is connected with new legislation on court proceedings that has not yet been enacted.

4.3 Handling and management of data

The manually filled out questionnaires containing the court data are submitted, on a monthly and annual basis, to the State Statistical Office where they are processed.

If the Judiciary were to seek to enhance its data systems and improve the availability of data specifically on firearms offences, investment in technical equipment would be a key priority, since '*many of the documents and materials are still prepared manually and kept only in hard copy*'.¹¹⁰ Some assistance is already being given to the Judiciary to improve its levels of equipment (€131,000 from the European Agency for Reconstruction in 2006), together with support to the capacity of the public prosecutor's office (a further €136,000).¹¹¹ Greater investment in human resources is also necessary: creating sectors that will be more dedicated to gathering data and analysis are needed at the '*courts and prosecutors office, as well as in the Ministry of Justice*'.¹¹² Another area for improvement could be the creation of instruments for greater cooperation in terms of data sharing and gathering with the Mol.¹¹³

4.4 Use and accessibility of data

With the help of the Ministry of Justice, judicial system data are collated and published by the State Statistical Office. Since data are gathered to uniform standards from all around the country, and provide insight in all municipalities, they are valued in policy-making procedures. An official from the Ministry of Justice claimed to use the publications of the State Statistical Office in the creation of policy proposals, such as changes to the Penal Code, the drafting of the Law on Weapons or introducing stronger measures against voting incidents in the new election legislation. However, the lack of data regarding armed violence impedes the development of evidence-based policies in this field.

5 Coverage of vulnerable groups

In terms of injury surveillance through the healthcare system, some minorities have lower access to health institutions and to health care, due to their poverty (Roma in particular) or their place of residence (when in remote rural areas). However, since reasons of death '*need to be authenticated by death certificates, it is unlikely that because of lower access to health institutions the level of armed violence in the group could be distorted*'.¹¹⁴

¹⁰⁸ <http://www.ear.eu.int>.

¹⁰⁹ *Ibid.*

¹¹⁰ Interview with Nikola Prokopenko, Ministry of Justice, 04 July 2006.

¹¹¹ According to European Agency for Reconstruction (EAR) website, www.ear.eu.int, accessed 12 July 2006.

¹¹² Interview with Nikola Prokopenko, Ministry of Justice, 04 July 2006.

¹¹³ *Ibid.*

¹¹⁴ Interview with Marija Kisman, World Health Organization, 05 July 2006.



The Early Warning Report (EWR), commissioned and implemented by the UNDP in FYR Macedonia charts the perceptions of the level of trust in the national institutions, among them the MoI. The EWR has shown a trend of lower trust in the MoI among ethnic Albanians.¹¹⁵ Similarly, the SALW Survey of FYR Macedonia noted that Albanian, Serb and Roma groups are more likely than ethnic Macedonians to turn to family and friends to resolve problems with crime.¹¹⁶

6 Conclusion

In FYR Macedonia, the systems that exist at present are able to yield very little information on armed violence. There would be significant, but distinct, challenges involved in any attempt to develop any of the systems currently in operation to yield continuous, reliable information on this topic. In terms of the healthcare data system, gaps in coverage both in terms of unregistered treatment centres as well as in the formal system, suggest that even if firearms injuries were specifically analysed on the basis of records gathered, there would be questions over the quality of the data that emerged. There is a further need to unify the databases used to process records at individual hospitals, and to resolve the shortage of qualified personnel in the institutes responsible for collecting, processing and analysing data.

In terms of the Ministry of Interior, although the system for gathering data on crime appears to be functional, again, firearms misuse is not currently discernible among the categories of crime. Even if it were, the difficulties that the public and civil society face in accessing generic information is a cause for concern. The lack of access to MoI data constitutes an unnecessary obstacle to its proper use in creating better crime prevention strategies, and offering a base of knowledge to inform open political debate about crime and related social problems.

The judicial system, again, could modify its system if the decision was taken to generate specific information on the number of offences perpetrated with firearms. The system also requires more investment in technology and personnel, to minimise the burden of labour associated with manual record-keeping, and to ensure that there is capacity to handle data.

More co-ordination between the MoI and the Ministry of Justice, co-ordinated within an overall policy that is able to provide operational information throughout the full cycle of response from a violent incident through to successful prosecution, would be a desirable project for the long term.

¹¹⁵ UNDP, *Early Warning Report*, Skopje, June 2006.

¹¹⁶ Grillot S, Stoneman S, Risser H, 'A Fragile Peace, Guns and Security in Macedonia', (Belgrade, Small Arms Survey, BICC and SEESAC, 2004), p. 43.



Moldova

1 Availability of data

1.1 National policy on armed violence data

There are no national policies, institutions, processes or mechanisms in place for collecting data specifically on armed violence in Moldova. The country has two distinct data gathering and monitoring systems relevant to data collection on armed violence: the health monitoring and statistics system, and the crime monitoring system. These all function based on their own laws, regulations, institutional processes and practices. As data gathering on armed violence, such as it occurs, is integrated into budgets for other activities, it is in practice impossible to analyse separately the budgetary resources spent in this area.

No arrangements are in place to monitor and analyse armed violence that take into account all potential sources of information (including injury data, police and court data, victimisation/media surveys and any other sources). The healthcare data gathering and crime monitoring systems are not connected.

Data collection and analysis mechanisms in the Transdniestria region could not be monitored or investigated, due to the difficulty of conducting independent research in Transdniestria. However, information included in the SALW Survey of Moldova offers an initial indication of the types of data collected and available in Transdniestria.

At the national level, the policy and administrative practices regarding data gathering on external causes of injury/armed violence are under the responsibility of the National Centre of Public Health and Sanitary Management, which is subordinated to the Ministry of Health.

1.2 Participation in monitoring mechanisms

Moldova is using the WHO's ICD-10 classification. The Republic of Moldova did not participate in its development, but it has been in use in Moldova since 1996. In Moldova the ICECI is used only for mortality monitoring. It is not used for gathering data on injuries developed from total coverage of all hospitals and other places where people who may have sustained injuries from armed violence are treated. Again, Moldova did not participate in the development of ICECI.

1.3 Data in existing reports

The Mol was able to provide the research team with statistics that indicate a capacity to identify the number of crimes as well as '*administrative offences*' (such as regarding storage, carrying, or misuse) committed involving weapons, according to the geographic location where the crime was committed.

The SALW Survey of Moldova published in July 2006 noted the inability of the Ministry of Health or the Mol to provide information on non-fatal firearms injuries. The National Forensic Expertise Centre supplied the survey with figures on firearms related deaths, and homicides within this total. The Mol also supplied figures distinguishing firearms homicides from total homicides. The survey notes that the Mol figure for firearms homicides in 2004 is low in comparison to the total number of firearms deaths recorded by the National Forensic Expertise Centre for that year.¹¹⁷ Other Mol figures cited in the survey cover the area where firearms crime has occurred, the proportion of crimes committed with registered as opposed to unregistered guns and with smooth bored as opposed to rifled barrelled weapons.¹¹⁸

The SALW Survey also includes results of a survey of public perceptions in which respondents stated how frequently conflicts in their communities involved firearms.¹¹⁹ The survey also includes data showing: the number

¹¹⁷ Wood D, *SALW Survey of Moldova*, (Belgrade, Saferworld/SEESAC, 2006), pp. 35-36.

¹¹⁸ *Ibid*, pp. 39-40.

¹¹⁹ *Ibid*, p. 59.



of gunshots fired by Moldovan police, categorised according to whether the shot was fired in warning, to hit a person or under illegal circumstances;¹²⁰ and the number of persons killed and injured legally and illegally by the Moldovan police for each year from 1998-2003.

The SALW Survey also indicates that in Transdniestria the authorities were able to supply information from the healthcare system on the overall number of injuries involving SALW, as well as noting the link between alcohol and firearms injury cases. No further information was available to the research team for this report regarding armed violence data gathering systems in Transdniestria.¹²¹

1.4 Features of the main data gathering systems

Features of the main data gathering systems in Moldova are summarised in the table below:

| DATA INDICATORS | HEALTH | FORENSIC EXPERTISE CENTRES (Criminal Violence) | INTEGRATED CRIME SYSTEM | JUDICIARY | HEALTH (Gagauz Yeri) | HEALTH (Transdniestria) | MIA (Transdniestria) |
|--|--------------------------------|--|-------------------------|-----------------------------|------------------------------|-------------------------|---------------------------------|
| Proportion of Crimes / Injuries involving SALW | No | Yes | Yes | Yes | No (Except deaths in Comrat) | Yes | Yes |
| Intentionality | No | Yes | N/A | N/A | No | Unknown | Unknown |
| Gender (Victim) | No (Individual hospitals only) | Yes | Yes* | No (In system but not used) | No | Unknown | Unknown |
| Age (Victim) | No (Individual hospitals only) | Yes | Yes* | No (In system but not used) | No | Yes | Unknown |
| Gender (Perpetrator) | No (Individual hospitals only) | No | Yes* | No (In system but not used) | No | Unknown | Unknown |
| Age (Perpetrator) | No (Individual hospitals only) | No | Yes* | No (In system but not used) | No | Unknown | Unknown |
| Victimisation (Ethnicity) | No | No | No | No | No | Unknown | Unknown |
| Victimisation (Income Group) | No | No | No | No | No | Unknown | Unknown |
| Types of Weapon causing Injuries | No | Yes | Yes | No | No (Except deaths in Comrat) | Unknown | Yes (Registered / unregistered) |
| Type of Incident (Dispute, Theft etc) | No | No (Except suicide and domestic violence) | Yes | Yes | No | Unknown | Yes |
| Injuries / Crimes by Geographic Area | No (Individual hospitals only) | Yes | Yes | No (In system but not used) | No | Unknown | Unknown |
| Type of Location (School, Work etc) | No | Yes | Yes* | Yes | No | Unknown | Unknown |
| Time of Occurrence | No (Individual hospitals only) | Yes | Yes* | No | No | Unknown | Unknown |
| Monthly Frequency of Injuries | No (Individual hospitals only) | Yes | Yes* | Yes | No | Unknown | Unknown |

¹²⁰ *Ibid*, p. 94.

¹²¹ *Ibid*, p. 132.



| DATA INDICATORS | HEALTH | FORENSIC EXPERTISE CENTRES (Criminal Violence) | INTEGRATED CRIME SYSTEM | JUDICIARY | HEALTH (Gagauz Yeri) | HEALTH (Transdnistria) | MIA (Transdnistria) |
|------------------------------|--------|--|-------------------------|-----------|----------------------|------------------------|---------------------|
| Link to Substance Abuse | No | Yes (Investigated if necessary) | Yes* | Yes | No | Yes | Unknown |
| Prosecution Rates per Region | N/A | N/A | N/A | Yes* | N/A | N/A | N/A |

* Note: Although officials asserted that these indicators could be shown by the current system, no information was actually presented which demonstrated this capability.

Table 9: Features of the main data gathering systems in Moldova

2 Injury surveillance data

2.1 Data gathering policy and budget

The administrative and technical mechanisms in place for data collection and analysis of cases of armed violence in the health care system are different at different levels. The main legislation governing the compilation of health statistics at the national level is the Law on Official Statistics (412-XV of 09 December 2004). Under this law, statistical reports are developed and provided annually by hospitals and primary health care centers and supplied to the Head Doctor in each region by 05 January. Head Doctors must then report to the Ministry of Health and Social Protection (MoHSP) Center of Public Health and Sanitary Management. The Ministry of Health must in turn report by 01 March to the National Bureau of Statistics. The report templates for these statistical reports are approved by the National Bureau of Statistics Decision No.84 of 05 September 2005.

Statistics within the healthcare system are gathered using: Statistical ticket No. 025-2/e (approved by MoHSP Decision 139 of 28 May 2002); the Form for Requesting Emergency Medical Assistance No.110/e (approved by MoHSP Decision No. 18 of 08 February 2000); and the Annex to the Form for Requesting of Emergency Medical Assistance No. 114/e (approved by MoHSP Order No.18 of 08 February 2000).

Although Moldova participates in the ICD, the lack of trained personnel, and financial and other resources, means in practice that data generated are not necessarily reliable. There are no known recent initiatives to improve data gathering on public health or firearms-related injuries in particular. Currently there are some plans to improve availability of equipment, particularly computers and software, as well as to increase the number and capacity of personnel dealing with data gathering. These plans would not, however, have any particular focus on the monitoring of armed violence. No initiatives for improving the systems for data gathering coming from policy-makers and other stakeholders were mentioned during interviews conducted for this report.

2.2 Data gathering practices

The current system for monitoring public health, injury and disease takes account of data generated by: health clinic, primary health, ambulance, ward admission and emergency room records, death certificates and statistical offices within medical institutions.

Different parts of the healthcare system use a standardised process for recording all injuries, with all medical institutions filling in the standard statistical documents listed above. The data that is compiled at the national level draws on uniform practices in hospitals across the country and it is claimed that there are no variations in the quality of data generated by hospitals in different parts of the country. Overall, the National Centre of Public Health and Sanitary Management considers that there are insufficient qualified personnel available to conduct information gathering (fill in records or forms).

The ambulance service uses a Form for Requesting Emergency Medical Assistance (Form No. 110/e) that has a field for specifying the instrument used to inflict injury in external injury cases. The form also contains a section for describing the injury. Although there is little space for doing so, the emergency doctor can also describe the



circumstances surrounding the injury (presence of gun, type of gun, place where the injury was inflicted, position of patient, etc). The injury and the way it occurred are also described in an Annex to the Form for Requesting Emergency Medical Assistance No. 114/e. This is transmitted to the hospital and attached to the patient's medical record. Justice authorities have access to this information and can also involve doctors in trials as witnesses.

Medical staff are strictly obliged to fill out record forms in full in every case, however much time this may take. However, the accuracy of the information in some cases is related to the patient's ability to answer questions. Forms are filled in by doctors. No more staff are needed to maintain and improve the existing level of data gathering at this level. However, ambulance staff could benefit from additional training in conducting interviews sensitively. Medical staff recognise the importance of the information that can be gathered by completing records. All cases of injury resulting from armed violence are also reported to the police immediately by the emergency (ambulance) team. The current system for the collection of data by emergency medical teams could be improved by clearer policies in the area of rules and regulation.

Forms are completed by the hospital's emergency room only if the patient with armed violence injuries comes to the hospital him/herself or has been driven to the emergency room without being assisted by the ambulance service. A single record form is used named 'Form for the primary patient' with sections covering the type of injury, and the date and time. Nurses also register patients in the 'Register of ward admission and discharge records', but this register does not allow armed violence injuries to be identified among other cases. Nurses fill in the 'Statistics ticket' for the institution's statistic office, where all injuries are classified as trauma or external injury according to the ICD. No additional specifications are made. Doctors describe details of a patient's injury in the patient's record (circumstances, type of gun, localisation of injury etc). Although usually no problems arise when information is requested from distressed individuals requiring help, again, hospital staff could benefit from training in conducting interviews sensitively.

Primary healthcare providers usually do not come into contact with armed violence injury cases. However, if for example a family doctor was asked to visit a patient and found him/her to have sustained a firearm injury, he/she would be obliged to describe all the circumstances of the accident in the patient's record used by ambulance teams and to inform the police.

Doctors fill in the 'Statistical ticket' standard in all medical institutions. They have no difficulty in asking distressed individuals requiring help for information to complete records. Usually primary healthcare staff do have the skills required to conduct interviews sensitively, and sufficient facilities to talk over the details of the case with a patient or his/her family in a quiet and private setting.

The current system for collection of data from healthcare providers could be enhanced to generate more information and to provide for analysis of armed violence if a form were in use that allowed more detail to be recorded in cases where firearms have been used (this could be based on the template provided at Annex B).

Forensic Expertise Centres gather information related specifically to criminal violence. The data collection system in place for Forensic Expertise Centres allows for fairly detailed analysis of deaths related to armed violence, allowing for the possibility of analysis on several key indicators which would be desirable in a comprehensive system of armed violence monitoring (including intentionality, gender, age, type of weapon, locations where injuries were inflicted, links to substance abuse, as well as showing types of injury occurring in each geographic area, see Table 9 above). All the records from the local (regional) Forensic Expertise Centres are submitted to the National Forensic Expertise Center and also to the National Bureau of Statistics. The data is processed manually by forensic experts.

2.3 Handling and management of data

Compilation and storage of the information at the national level is conducted according to comprehensive and clear national guidelines set out in 1990 by the National Centre of Public Health and Sanitary Management.

Within the ambulance service, in emergency hospitals and among primary healthcare providers, there are no databases for recording armed violence injuries sustained by patients. All the data from records generated



by ambulance units, hospitals and primary healthcare providers are processed manually. There is not enough equipment for the data to be electronically processed, and thus according to the persons interviewed, there is scope for improving the current system for registering and managing data (especially in family medicine centres in rural areas). All data from emergency teams, hospitals and primary healthcare providers go to the respective institutions' statistics office. Here data are processed and sent to the Central Department of Statistics and Analysis within the Centre of Public Health and Sanitary Management. The current system could be improved by the creation of a central database to handle the data from healthcare providers.

There are certain key documents through which information is processed. Firstly, an 'Annual report on external causes of trauma' (Form No. 12) is filled out by each institution's statistician every year. It contains information as to the total number of trauma cases, trauma cases related to working conditions (industry, construction, agriculture, other) and trauma cases not related to working conditions (car accidents, school accidents, sporting accidents, habitual accidents and others). Secondly, an 'Annual Statistic Report' offers information about the general number of registered diseases/injuries. In this document, total numbers of diseases/injuries are detailed by group, according to the ICD-10. Chapter 20 is related to trauma, intoxication and other consequences of external injuries.¹²²

These documents are submitted annually by every Public Medical Institution to the National Center of Public Health and Sanitary Management. On this basis the Department of Medical Statistics makes a report at national level.

All the data compiled on injuries are included in general statistical data on mortality for the whole country. There is no special database considering external causes of injury/armed violence. The National Centre of Public Health and Sanitary Management considers that there is a lack of qualified personnel for processing data (generated by records or forms).

2.4 Use and accessibility of data

Reports and information regarding mortality caused by injury/armed violence are presented only upon the request of the Justice authorities (Ministry of Justice, General Prosecutor Office, Ministry of Interior). No policy changes could be identified to have been made on the basis of recommendations or reports compiled from injury data. The National Centre of Public Health and Sanitary Management also considers that there are insufficient qualified personnel available to analyse data in written reports.

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

The national policy on collection of crime data is based on laws and institutional processes and practices. The 'Law on Criminal Procedure Code' and the 'Law on Administrative Contraventions Procedures Code' establish the rules and actions to be undertaken by law enforcement institutions and officers when a criminal or administrative trial takes place. The 'Law on integrated and automated information system of evidence of the offences, penal cases and individuals that have committed law-offences' (No. 216-XV, 29 May 2003) establishes and regulates the operations of the system for handling information on crime. It also stipulates the actors involved, how they interact, the type of information to be collected and managed, and the authority responsible for the system. The system comes under the control of the Ministry of Interior (Mol), while the agency responsible for operating the system is the Department of Information and Operative Records. This department is also responsible for evaluating the system.

¹²² Categories include: spine, cranium and body bones trauma; upper members trauma, low member trauma; entorses, luxations, and trauma injury of ligament system; intracranial trauma (except cranium trauma); internal organs trauma, injuries, superficial trauma, blood vessels trauma; burns; spinal nerve's trauma; amputations and smashes; intoxication with medicines, biological substances; alcohol intoxication; traumatic injury with multiple localization; other unclear trauma; and trauma outcomes, complications of surgery intervention and treatment, other than in previous chapters.



Under Article 3 of the law the system is designed to be comprehensive, secure, accurate and easy to operate. It is meant to provide integrated evidence and centralised records of offences and individuals committing them. Information is derived from standard forms for recording primary evidence and registered in a chronological order. All records are to be assigned a numerical code. Access to the information is meant to be carefully restricted.

Article 5 of the Law establishes the participants in the system and their main responsibilities. Actors involved are those who play a part in handling criminal cases: the MoI, the Prosecutor's Office, the Department for Organized Crime and Corruption, the Customs Department, the courts, and the prisons. These parties are responsible for creating, implementing and developing the system, including the proposal of modifications to the system. They are tasked with collating criminal records from the central database and from local databases, as well as general statistical reports; checking the correctness of evidence and records of crimes; verifying the use of crime-related information; and ensuring the protection and security of crime-related information. The overall cost of the record-keeping system was not revealed.

3.2 Data gathering practices

As noted above, all cases of injury resulting from armed violence are reported to the police immediately by the emergency medical (ambulance) team, or if not already notified, by doctors in hospitals. Family doctors have the same obligations to report any firearm injuries that they encounter to police. The police service can also require information either from hospital medical documents or personally from doctors considering armed violence cases.


MoI officials stated in interviews that the crime monitoring system allows analysis to be made of several factors that would be desirable in any comprehensive armed violence data collection system. As shown in Table 9 above, these factors include: the number of crimes of each type perpetrated with each type of weapon, the gender and age of the victims and perpetrators of crimes; the type of incidents which have led to crimes; the type of location where crimes take place; the frequency of different types of crime in different geographic areas; the frequency of crimes over time; and links to abuse of substances. However, no official data could be obtained to demonstrate the capacity to provide data that would allow for analysis of these factors. The research team received only non-detailed information regarding types of crimes and violence, and their geographical distribution.

Data that is compiled at the national level draws on uniform practices in recording crime data across the country. All data is compiled according to the law and regulations adopted jointly by the MoI and the Prosecutor's office. There are reportedly no variations in the quality of data generated by law enforcement authorities in different parts of the country, with all officials filling out records in full as required, and ascribing due importance to the task.

Within areas of the country under control of the Government of the Republic of Moldova, there are no parallel structures apart from formal governmental institutions which respond to armed violence incidents by carrying out law enforcement functions which could undermine the completeness of the information gathered. However, in relation to criminal incidents in Transdniestria, there is a large grey area in which the level of data gathering is unknown. As stated above, it was not possible for the research team to gather information in relation to Transdniestria because of the difficulty of conducting interviews with officials or independent informants there.

3.3 Handling and management of data

There are clear procedures for passing information swiftly up to the national level. Within three hours of any offence involving SALW being reported, the MoI must be informed. The incident then has to be investigated. In the case of crimes, the investigation is conducted by a special investigation team, including representatives of the Arms Control Division, and in the case of administrative offences, by the MoI's General Investigation Department. Initial data on crime is processed manually, by the sectoral police officer, and investigation officers. Individual police stations and offices do not have equipment (computers) to collect and handle data in the way they would like. In the next phase the data is processed electronically at a regional police office. These have their own local databases and the information is transmitted online to the centre at least once every 24 hours.



In terms of the kind of records kept, and how information is compiled and stored, the Mol Department of Information and Operative Records keeps the database of crimes and compiles all information from the Prosecution, Customs and Border Guard services. The database was created in 1996 but contains data from 1991. The server, run using 'ADABAS' software, consists of 11 IBM computers that have not been replaced since their first installation, but continue to function properly. One limitation of the system is that it is unable to store images. The replacement of the old server and computers would bring improvements to the integrated criminal data system. However, the cost of overhauling this equipment has been estimated at US \$150,000.

3.4 Use and accessibility of data

As noted above, great emphasis is placed on the security and confidentiality of information generated by the system of crime information. Institutions outside the System (except for the Government, Parliament and President) and private citizens cannot access the system. Private citizens can only request information regarding their own files. Participating agencies (the Ministry of Interior, Prosecutor's Office, Department on Organized Crime and Corruption, Customs, the courts, and the prisons) conduct their own analysis and reporting, and use the data for internal use. This represents a missed opportunity for public policy debate based on information compiled.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

Prosecutors and courts do not have comprehensive institutional data gathering systems of their own, as an integrated system as described above is operated by the Mol under the applicable law and joint regulations signed by the Mol and Prosecutor's Office. Internal statistics cover the types of crimes, the rates of prosecution in court and convictions.

4.2 Data gathering practices

There are policy guidelines as to what kind of records to keep, described in internal regulations of the Prosecutor's Office, and based on Criminal Procedure Code and Administrative Contraventions Procedures Code. As shown in Table 9, data gathered by the Prosecutor's Office and the courts allows for analysis of the following factors: how many of each type of crime was perpetrated with SALW; how many crimes resulted from different kinds of incident; the type of location where crimes occurred; the frequency of crimes by month and year; and the link between crimes and alcohol and drugs. The system has the potential also to yield information on the gender and age of victims and perpetrators, and the geographic location of offences, but as this information is not routinely required, it is not systematically gathered at present.

Within the area controlled by the Government of the Republic of Moldova, there are no parallel structures apart from formal governmental judicial institutions in which firearms-related cases are dealt with. It was not possible for the research team to gather information in relation to Transnistria because of the difficulty of conducting interviews with officials or independent informants there.

4.3 Handling and management of data

The data that is compiled at the national level draws on uniform practices in recording court data across the country. There are reportedly no variations in the quality of data generated by courts in different parts of the country.

4.4 Use and accessibility of data

Court data falls under the same crime information system managed by the Ministry of Interior and is therefore accessible only to security agencies and officials as described above in the case of law enforcement data.



5 Coverage of vulnerable groups

In terms of the integrated crime information system, officially there are no specific groups of people who are likely not to be adequately represented in data, given current practices in data gathering. There are no particular minorities, or people living in particular geographic areas that have lower levels of access to law enforcement authorities. However, some respondents mentioned Roma as a specific group which manifest a historic tendency to avoid contacts with any governmental or police officers when a crime occurs. In this respect, the research team would expect official information to be inaccurate regarding the level of crime within this group.

According to public opinion monitoring carried out by the Institute for Public Policy,¹²³ the level of public trust in the police is lower than in other governmental or non-governmental institutions. Similarly, the recent SALW Survey of Moldova reported that only 54.1% of respondents to a household questionnaire would turn to police for protection if under threat of violence.¹²⁴ Thus under-reporting is, as in many other countries, likely to lead to inaccuracy in the levels of armed violence apparent in police statistics (although armed violence incidents are serious crimes which are less likely to go unreported than other kinds of crime). There were no available indications that women have lower levels of confidence in reporting incidents of domestic violence to the authorities than other members of the public.

In recent years, a significant decrease in crime levels has been reported by the Government. According to Mol officials, the Government has also taken steps to eliminate cases in which crimes have not been recorded. Special ministerial groups, during field-visits and meetings with local people, are tasked with conducting periodical checks on local police records. If a case is identified where inadequate records have been made, this would be registered and internal investigations would be conducted (administrative investigations in the case of administrative failures, or criminal investigations for failure to record a crime properly).

6 Conclusion

Armed violence is not viewed as a major problem by governmental institutions, NGOs, civil society or the general public in Moldova.¹²⁵ The frozen Transdnestrian conflict, that still divides the country in two parts, and might present a source of potential violence, stems primarily from political causes, rather than inter-communal resentment and a culture of violence, and therefore would not be elucidated by improved data collection on armed violence.

Armed violence reduction is thus not directly considered a key objective of the Ministry of Interior or the Government in the field of SALW Control. None of the respondents expressed deep concerns about an eventual need for coherent, integrated, and evidence-guided strategies to address the issue of inter-personal armed violence at national or local levels.

More detailed information on armed violence could be gathered through the health system through the introduction of more detailed forms, but low levels of armed violence or concern over the issue in Moldova makes such a reform unlikely. As a general recommendation, it would be beneficial for the data collected by the health system at present to be analysed more concertedly and used as the basis of public policy-making in a more routine way.

Improvements in the system for collecting crime data are hard to analyse without better access to the data produced at present. The lack of public access to law and justice data is a missed opportunity for open debate of policies in this sphere.

¹²³ See <http://www.ipp.md>, accessed 30 June 2006.

¹²⁴ Wood D, *SALW Survey of Moldova*, (Belgrade, Saferworld/SEESAC, 2006), p. 38.

¹²⁵ This assessment of the views of Governmental institutions is based on interviews cited in the bibliography as well as with interviewees who preferred not to be referenced in this report. This assessment of NGO/civil society perspectives is the author's, based on interviews and interaction with participants at a SALW awareness training workshop conducted for SEESAC with Moldovan NGOs and media in October 2004; of the statements that, 'the negative impact of SALW on public health and crime levels in Moldova is low in comparison with neighbouring states in South Eastern Europe (SEE)' and that 'engagement by civil society and reporting by the media on SALW and human security issues is very low' (Wood D, *SALW Survey of Moldova*, (Belgrade, Saferworld/SEESAC, 2006), p. iv). In terms of public attitudes to the SALW issue, only 1.1% of Moldovan respondents identified controlling availability of weapons as one of the three main priorities in their community (drugs/prostitution (2.2%), more reliable electricity (1.5%), improvement in environmental conditions/pollution (3.4%), more facilities for young people (7.2%), improved healthcare (13.5%), job creation (36.7%)). Likewise, arms availability was cited as the biggest cause of insecurity to respondents and their families in only 1.6% of cases (drugs 3.1%, political situation 7.4%, unemployment 24.2%, etc). *Ibid*, pp. 43-44.



Montenegro

1 Availability of data

1.1 National policy on armed violence data

Systems for data gathering in Montenegro currently differ little from those described in the chapter covering Serbia in this report. It is therefore important to stress that the dissolution of the State Union of Serbia and Montenegro may alter the situation described as practices in Montenegro begin to diverge from those inherited from State Union institutions. There is no overarching policy in place in Montenegro for monitoring levels of armed violence, and no particular financial resources could be identified as allocated for the purpose of classification of diseases, injury surveillance or monitoring of crime and court data.

1.2 Participation in monitoring mechanisms

Health service reports are based on the ICD-10 classification, which has been in use in the health service in Montenegro since its first translation into Serbian in 1996 - 1997.¹²⁶ ICECI classifications have never been in use in Montenegro.

1.3 Data in existing reports

The Small Arms Survey and SEESAC's SALW Survey of Montenegro contained very little in the way of official statistics on SALW misuse. It did include information on the number of homicides committed with firearms, supplied by the Ministry of Interior.¹²⁷

In the SALW Survey, figures were also given on the number of reported assaults with a deadly weapon and armed robberies for 1999, 2001 and 2003; drawing on OSCE reports and (for 2003 data) a report analysing printed media.¹²⁸ The media analysis was able to reveal: the percentage of assaults reported in the media which involved the use of small arms; the monthly frequency of such assaults; the time of day at which reported incidents occurred; the municipalities where incidents occurred; the gender of victims; the age of victims and perpetrators; the type of SALW used in assaults; and whether the weapons used were registered or unregistered. The media analysis conducted for the survey also revealed the number of intentional self- and non-self-inflicted and accidental firearms assaults, with both fatal- and non-fatal outcomes. Thus an impressive level of detail was gathered through the media analysis. However, as in other countries, the selection of newsworthy stories would distort the picture generated from any such data.

Rough estimates were given to the SALW Survey team by both Mol and Judicial sources of the number of illicit possession and illegal celebratory shooting cases prosecuted per year. However the figures given by the two sources contradicted each other, and were both far in excess of figures supplied by the OSCE.

On the basis of the SALW Survey, very little information arising from official data collection appears to have been available to the 2004 research team.

1.4 Features of the main data gathering systems

Features of the main data gathering systems in Montenegro are summarised in the table below:

¹²⁶ Interview with Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006.

¹²⁷ Information in this section is drawn from Florquin N, O'Neill Stoneman S, "A house isn't a home without a gun" SALW Survey – Republic of Montenegro', (SEESAC/Small Arms Survey, 2004), pp. 13-18.

¹²⁸ Pajevic A, *Review of the Montenegrin Printed Media*, Background Paper, (Geneva, Small Arms Survey, 2003).



| DATA INDICATORS | HEALTHCARE | MOI | JUDICIARY |
|--|-------------------------|---|-------------------------|
| Proportion of Crimes / Injuries involving SALW | No (In records only) | No (In records only) | No (In records only) |
| Intentionality | No (In records only) | N/A | No (In records only) |
| Gender (Victim) | No (In records only) | No (In records only) | No (In records only) |
| Age (Victim) | No (In records only) | No (In records only) | No (In records only) |
| Gender (Perpetrator) | No (In records only) | No (In records only) | No (In records only) |
| Age (Perpetrator) | No (In records only) | No (In records only) | No (In records only) |
| Victimisation (Ethnicity) | No (In records only) | No | No (In records only) |
| Victimisation (Income Group) | No (In records only) | No | No (In records only) |
| Types of Weapon causing Injuries | No (In records only) | No (Unless recovered) | No (In records only) |
| Type of Incident (Dispute, Theft etc) | No (In records only) | No (In records only) | No (In records only) |
| Injuries / Crimes by Geographic Area | No (In records only) | Yes (For each different type of crime) | No (In records only) |
| Type of Location (School, Work etc) | No (In records only) | No (In records only) | No (In records only) |
| Time of Occurrence | No (In records only) | No | No (In records only) |
| Monthly Frequency of Injuries | No (In records only) | No | No (In records only) |
| Link to Substance Abuse | No (In records only) | No | No (In records only) |
| Prosecution Rates per Region | N/A | N/A | No (In records only) |

Table 10: Features of the main data gathering systems in Montenegro

2 Injury surveillance data

2.1 Data gathering policy and budget

The national health information system collects data from all health institutions in the public sector, based on the Law on Health Records and the Programme of Health Statistics dating from 1981 (former SFR Yugoslavia).¹²⁹ No specific analyses are made of this information.¹³⁰ In terms of external causes of injury, there is no specific reporting to a central registry, nor any specific analysis made.

The WHO Country Office in Montenegro was established in June 2006. It is planning to provide technical and financial support to an assessment of existing health reporting from health institutions, and an analysis of the capacity of the Institute of Public Health to perform analysis. This is a part of its overall objective to improve the national health system, and is intended to strengthen the stewardship capacity of the Ministry of Health to:

¹²⁹ Information presented in this section is drawn from interviews with Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006 and a representative from the Institute of Public Health, Montenegro, July 2006.

¹³⁰ Interview with Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006.



analyse the major public health problems in the country; enable appropriate short-, mid- and long-term decision-making; and monitor the implementation of a public health strategy.¹³¹

The process of improving public health data is ongoing in parallel with broader reforms of the health system, and the WHO has provided some training and capacity-building. Besides this, projects implemented by the European Agency for Reconstruction (EAR) in the period 2001 - 2006 are providing assistance in this area, including an ongoing project on electronic health records.

There are no plans to directly improve the capacity for monitoring armed violence through healthcare providers.

2.2 Data gathering practices

Every hospital fills in individual and summary reports which are sent to the Institute of Public Health of Montenegro.¹³² Although the system is standardized in theory, there are many cases where changes have been made to the system over the past two decades, so there are frequent deviations from the original design.

Staff do fill in records on each occasion when they come across an armed violence case. Records are typically completed in full in all cases. Staff also appear to understand the potential importance of the information that can be gathered from records, and face no problems in asking for information from those who are in distressing situations. However, an assessment needs to be made of the qualifications of health personnel to use ICD-10 or other coding mechanisms. There are doubts over the quality of information currently being produced. In any case, the system does not have the means to show any level of detail specifically on armed violence injuries, covering any of the range of factors that would be desirable from the point of view of a comprehensive injury surveillance system. Thus there would be no way, without examining individual records, to: quantify the number of SALW-related injuries; whether they were intentionally inflicted; the gender, age group, ethnicity etc of the victims; the type of weapon involved; the time and location of injuries; the kind of incident leading to injuries; and links to the abuse of alcohol and other substances.

Although data currently collected is gathered according to uniform practices throughout the country, interviewees stated that there were variations in the quality of data generated by different hospitals. This was ascribed to a variety of reasons, including lack of money for providing a computerised system for advanced data collection and analysis. In addition, there is a need for an assessment of the capacities of employees in medical institutions to cope with such tasks. In most hospitals data are processed manually. Some institutions were said to lack quiet and private settings where doctors can ask for the information required from patients or their families. It was also noted that the guidelines on data gathering have been in place since 1981, and that new copies are generally not available to new personnel, who are instead trained by colleagues and predecessors on how to gather data.¹³³

2.3 Handling and management of data

The same 1981 guidelines cover the way data is compiled and stored. The capacity of the Institute of Public Health for analysis of health data could be enhanced, especially with regard to use of modern technologies, and interpretation of results of analyses.¹³⁴ The key informants interviewed on this topic had no knowledge of any databases being used to manage data collected. They also asserted that while procedures for passing information up to the national level are clear on paper, in reality there are variations in the system across the country.¹³⁵ Most hospitals reportedly do not have the equipment for handling data in the way they would like.¹³⁶

¹³¹ *Ibid.*

¹³² *Ibid.*

¹³³ *Ibid.*

¹³⁴ *Ibid.*

¹³⁵ Interviews with Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006 and a representative from the Institute of Public Health, Montenegro, July 2006.

¹³⁶ Interview with a representative from the Institute of Public Health, Montenegro, July 2006.



2.4 Use and accessibility of data

Data compiled for healthcare providers are included in annual statistical healthcare reports, which are accessible to the public. There is no specific attempt made to analyse the reports and to convey the findings to the public, policy-makers, the media or international organisations.

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

No coherent policy or budgetary information was available to the research team on the collection of crime data in Montenegro and no ongoing work to evaluate current practices could be identified.

3.2 Data gathering practices

Little detailed information is compiled on crime in Montenegro. It was stated that a researcher who wished to analyse trends in armed violence should be able to recover most of the types of data that are listed in Table 10 above, but only through manually checking through individual records.

As this implies, records are compiled manually. There are said to be only general guidelines offered as to what records to keep. Most police stations and offices which process data do not have the equipment to handle records and process them in the way they would like. This is related in turn to a wider lack of resources for basic policing functions.¹³⁷ Many employees, including those who are in charge, are said to be dismissive about the importance of collecting data on crime, and thus records are often not completed in full.¹³⁸ Interviewees differed on the reasons: some stated that officers have insufficient time to fill in records; another held the view that an increase in the number of educated officers would improve practices.¹³⁹

3.3 Handling and management of data

Although in theory there was supposed to be a uniform approach to gathering and analysing data, in practice there was said to be no developed system for doing so.¹⁴⁰

3.4 Use and accessibility of data

There are restrictions on who is able to access data gathered by the MoI. However, the Statistical Office of Serbia and Montenegro has since at least 1990 been publishing annual reports on minor and adult perpetrators of criminal offences, on the basis of crime reports. No examples could be cited of data gathered being used as the basis of any changes in policy.

¹³⁷ Interviews with Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006 and Mirsad Bibović, Programme Manager, UNDP Montenegro, July 2006.

¹³⁸ Interviews with Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006 and Dragan Milonjić, Adviser at the Customs of Republic of Montenegro, July 2006.

¹³⁹ Interviews with Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006, Dragan Milonjić, Adviser at the Customs of Republic of Montenegro, July 2006 and Mirsad Bibović, Programme Manager, UNDP Montenegro, July 2006.

¹⁴⁰ Interviews with Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006 and Dragan Milonjić, Adviser at the Customs of Republic of Montenegro, July 2006.



4 Gathering of data by judicial institutions

4.1 Data gathering policy

Statistics are compiled on prosecutions and convictions on the basis of manually completed records.¹⁴¹ There are clear guidelines as to what kind of records to keep, but they require updating. However, guidelines for compiling and storing information and passing it up to the national level are less clear. Although the cost of the system for handling data is not currently known, it was stated that there are not sufficient finances to keep the system currently required, but that improvements to the system would probably cost 'several million Euros'.¹⁴²

4.2 Data gathering practices

Although national data are supposed to be based on uniform practices for data gathering across the country, in fact there are variations in the quality of data coming from different courts. The variations are partly due to the fact that some courts have updated their data systems with computers while others have not. Reportedly, records are usually filled out in full, and clerks have sufficient time to complete this task.

4.3 Handling and management of data

Most courts continue to complete and store records and statistics manually, and do not have the equipment to handle their data in the way they would like.

4.4 Use and accessibility of data

The Statistical Office of Serbia and Montenegro has since at least 1990 been publishing annual reports on minor and adult perpetrators of criminal offences, on the basis of charges and convictions. It is not known what will happen to these reports following the dissolution of the State Union. There were no identifiable examples of policy decisions based on data compiled and analysed from the Judiciary.

5 Coverage of vulnerable groups

The interviewees did not identify any areas or particular groups in Montenegro with lower levels of access to healthcare than the general population.¹⁴³ Nor were any groups identified as having lower levels of access to law enforcement than others. Interviewees noted that the Roma population which was said to have come to Montenegro from Kosovo after 1999 probably had a lower level of trust in police than other groups. Although there was thought to be a tendency not to report domestic violence incidents, this was not ascribed to lack of confidence in police.¹⁴⁴ It is thus possible that, even with more routine and better organised data gathering, armed violence incidents among women, Roma and possibly other marginalised groups in Montenegro would not be as well documented as for the rest of the population.

6 Conclusion

If the decision was taken to set up a monitoring system to provide continuous indications of the level of armed violence injuries, one of the first tasks would be to standardise a method of record-keeping which gathered detailed information on the cause of admissions. Revised guidelines should be disseminated to update current practices. However, improvements would be necessary throughout the healthcare system to ensure that classifications are made according to uniform standards, and that data could be gathered and compiled at the

¹⁴¹ All information in this section is derived from an interview with Mirsad Bibović, Programme Manager, UNDP Montenegro, July 2006.

¹⁴² *Ibid.*

¹⁴³ Interviews with Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006 and a representative from the Institute of Public Health, Montenegro, July 2006.

¹⁴⁴ Interviews with Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006 and Dragan Milonjić, Adviser at the Customs of the Republic of Montenegro, July 2006.



national level through a labour-efficient computerised system. As well as enhanced equipment, training of staff would also be necessary to improve the quality of information gathered.

According to all interviewees consulted on crime data collection, improvements could be achieved with more computers, better organization and more staff training. As well as this, there is a clear need for a revised national policy on collection and compilation of crime data. Training on the task would have to begin with awareness-raising among senior and lower-ranking officials about the potential value of reliable and properly analysed crime data.

To improve its system of data gathering, the judicial system would require revision of relevant guidelines, increased availability of computer technology, and much greater co-ordination and organisation of the national process. More staff to gather, manage and analyse information would also be important. If there were a decision to gather more detailed information about armed violence, specific provision would have to be made for the records to be used that indicated the involvement of SALW, and new guidelines put in place on how to gather and compile information.

The changes to data gathering would, however, be little more than a gesture without a renewed emphasis on the use of reliable data to inform policy-making across the range of policy areas relevant to armed violence reduction – including law enforcement and public health.

Romania

1 Availability of data

1.1 National policy on armed violence data

Although the health, police and justice systems all produce data according to their own rules and procedures, no overarching policy was said to be in place for collecting data specifically on armed violence in Romania. This is principally because cases of firearms misuse are a rare occurrence.¹⁴⁵

There was no information available from any of the officials interviewed on budgetary allocations for data gathering activities in the health, law enforcement or judicial sectors.

1.2 Participation in monitoring mechanisms

According to an official responsible for statistics within the Ministry of Health, Romania adopted the ICD in 1950, when it participated in the Sixth Classification. It also participated in the Tenth Classification in 1993, and has been following ICD-10 since 1994.¹⁴⁶ A WHO official stated that, despite problems harmonising the Romanian classifications to fit with international norms, the ICD-10 classification has been properly implemented in Romania since 2004, by hospitals who are part of the Diagnostic Related Group first established in 2001 (DRG, discussed further below).¹⁴⁷

A Ministry of Health Official drew attention to the existence of a Data Presentation System (DPS) under the European 'Health for All' (HFA/PC) programme. The official also claimed that the ICECI was implemented in Romania, and drew attention to the existence of classifications allowing for classification of assault by handguns, rifles and shotguns, other types of firearm and the use of explosives (X93 – X96).¹⁴⁸

1.3 Data in existing reports

The stability of Romania in recent years has meant that few reports or studies have been produced offering data on the levels of armed violence in Romania. The *World report on violence and health* contains data on Romania for the year 1999, indicating the overall level of firearms deaths, and whether they were homicide, suicide, unintentional or of undetermined intent.¹⁴⁹

The research team was also supplied with data from the Institute for Legal Medicine showing the number of violent deaths and suicides that were caused by gunshots. No other reports could be identified as containing specific data on armed violence.

¹⁴⁵ Interview with Chief Inspector Nelu Pop, General Inspectorate of the Romanian Border Police, June 2006.

¹⁴⁶ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁴⁷ Interview with Victor Olsavszky, WHO Romania, June 2006.

¹⁴⁸ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁴⁹ Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R (eds), *World report on violence and health*, (Geneva, World Health Organization, 2002), p. 323.



1.4 Features of the main data gathering systems

Features of the main data gathering systems in Romania are summarised in the table below:

| DATA INDICATORS | HEALTH | FORENSICS (MORTALITY) | POLICE | JUDICIARY |
|--|----------------------|-------------------------------|---|-------------------------------|
| Proportion of Crimes / Injuries involving SALW | No | Yes | Yes | No (Except murder cases) |
| Intentionality | No | Yes (All deaths) | N/A | N/A |
| Gender (Victim) | Yes | No | No | Yes |
| Age (Victim) | Yes | No (Except child homicide) | No | Yes |
| Gender (Perpetrator) | No | No | No | Yes |
| Age (Perpetrator) | No | No | Yes | Yes |
| Victimisation (Ethnicity) | No | No | No | Yes |
| Victimisation (Income Group) | No | No | No (Except employment status – perpetrators) | Yes |
| Types of Weapon causing Injuries | No | No | No | No (Except homicide cases) |
| Type of Incident (Dispute, Theft etc) | Yes | No | No | No (Except homicide cases) |
| Injuries / Crimes by Geographic Area | Yes (Urban/rural) | No | Yes | Yes (Urban/rural) |
| Type of Location (School, Work etc) | Yes (In database) | No | Yes | No (Except homicide cases) |
| Time of Occurrence | Yes (In database) | No | No | No (Except homicide cases) |
| Monthly Frequency of Injuries | Yes (In database) | No | No | No (Except homicide cases) |
| Link to Substance Abuse | No | No | Yes | No (Except homicide cases) |
| Prosecution Rates per Region | N/A | N/A | N/A | Yes |

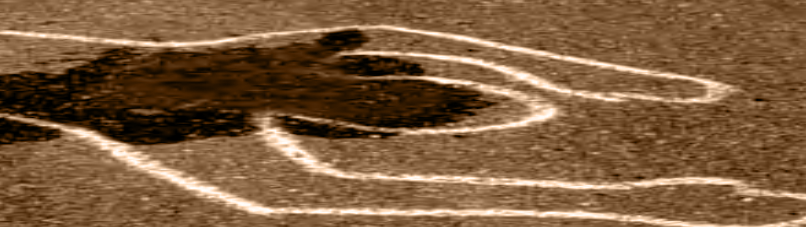
Table 11: Features of the main data gathering systems in Romania

2 Injury surveillance data

2.1 Data gathering policy and budget

A general policy does exist for classifying disease, trauma and death, and there are policy guidelines regarding the records to be kept (Ministerial Decree, Ordinances 9 and 89 regarding statistics).¹⁵⁰ However, according to a representative of the WHO, there is not a relevant policy in place for gathering data on armed violence: the Centre for Medical Statistics makes analyses of morbidity, but these provide little information on armed violence, and

¹⁵⁰ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.



are of a questionable quality.¹⁵¹ There is also a Death Registry and a Statistical Bulletin on mortality that includes data on morbidity and death.¹⁵²

Additionally, any injury generated by the use of firearms must be reported to the police, even if the patient does not declare the circumstances or the implement used.¹⁵³

There has been an initiative underway since 2001 to reform the electronic data gathering system in order to include certain variables compatible with EUROSTAT, and to make the Romanian healthcare system compatible with European standards.¹⁵⁴ The Ministry of Public Health also makes evaluations of health service systems, and would be responsible for initiating any necessary reforms (such as updating computers, improvements to interview facilities, and an increase in personnel numbers and levels of training).

2.2 Data gathering practices

In an Emergency Department whose manager was interviewed by the research team, the data gathering process was described in the following terms: record-keeping staff complete the patient's identification data on an examination form, and doctors fill out the circumstances in which the injury occurred and the rest of the data required. On the basis of this form a decision is made as to whether the case involved a crime. All crimes must then be brought to the attention of the police. Non-criminal cases are sent to the archives and the others to the police. If the police needs to investigate a case, an application must be presented to the manager of the hospital.¹⁵⁵

Although it is not clear whether this information is reflected in national data, according to the Emergency Department manager interviewed, the records specify the implement used to inflict the injury. This appears in the examination form and in the record of the Emergency Department. In classifying the cause of an injury, the patient is first asked which implement was used to inflict that injury. The statements of those who brought the injured party to the hospital are also taken into consideration. Emergency Department doctors are said to have solid knowledge about criminology. However, if the doctor cannot establish the type of firearm that generated the injury, he/she writes in the report that the injury was generated by the use of firearms, and then the police establish what type of firearm generated it.¹⁵⁶

The Emergency Department approached appeared routinely to be seeking a greater level of detail than is reflected in national statistics: this included determining the intention, whether injuries were self-inflicted, and links to substance abuse. It was stated that records are always filled out in full, either during the diagnosis or after it. However, an increase from 18 to 27 record-keeping staff would enable the Emergency Department whose manager was interviewed by the research team to improve its record-keeping. Likewise, the facilities for gathering information from patients in emergency departments were said to be very indiscreet and cramped. Training on how to gather information in a sensitive way was also said to be desirable.¹⁵⁷

It was stated that data for Romania's healthcare data systems are collected from almost all hospitals and other places where people who may have sustained injuries from armed violence are treated.¹⁵⁸ However, although they are legally obliged to do so, some private health institutions (of which there are said to be five in Bucharest,

¹⁵¹ Interview with Victor Olsavszky, WHO Romania, June 2006.

¹⁵² Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁵³ Interview with Bogdan Oprita, Manager, Urgent UPU-SMURD (Emergency Department), Spitalul de Urgenta Floreasca (Emergency Hospital), June 2006.

¹⁵⁴ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁵⁵ Interview with Bogdan Oprita, Manager, Urgent UPU-SMURD (Emergency Department), Spitalul de Urgenta Floreasca (Emergency Hospital), June 2006.

¹⁵⁶ *Ibid.*

¹⁵⁷ *Ibid.*

¹⁵⁸ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.



but few in Romania as a whole) do not present reports. The shortcomings of the system therefore relate more to the methods for collecting data.¹⁵⁹

In terms of the gathering of data according to ICD classifications, in 2004 25 Romanian hospitals became part of the Diagnostic Related Group (DRG). This meant that in order to receive money, hospitals had to submit records of diagnoses compatible with the ICD. One potential concern about the DRG system is that diagnoses that bring greater funding allocations may be more commonly reported.¹⁶⁰

Standard paper forms that are compatible with the WHO classification are issued to all the different institutions, thus there are no differences in the information gathered from different hospitals. Some hospitals with financial resources have a computerised records system, but these still fulfil their obligation to submit paper forms. Thus in theory there are no qualitative variations in the data gathered by the various participating institutions. However, it was stated that an important step in improving the implementation of WHO standards would be to make more copies available of the ICD classification. It was also admitted that there were in practice variations in the quality of data received from hospitals of different sizes.¹⁶¹

In terms of monitoring mortality, the system works as follows: the hospital generates a medical certificate of death, passing an examination form and diagnosis to the Mayor's Office (Civil Registration), which issues a death certificate. The Health District Service then codifies the death based on the WHO classification, and the information then goes to the County Statistics Office, National Statistics Institute and the Centre of Medical Statistics. The system is believed to cover 98% of deaths. However, sources of information on death not covered by the Centre of Medical Statistics are: the Army, the Intelligence Service and Transportation – as these have separate statistics.¹⁶²

The Institute for Legal Medicine also compiles data that shows the total number of homicides, suicides and accidental deaths, the number of homicides in which children were the victim, and the number of violent deaths and suicides that were caused by gunshots.

The Manager of the Emergency Hospital approached noted the lack of a database at his institution, which examines 200,000 and admits 50,000 patients per year. It was stated that the manual record-keeping system costs the hospital €100,000 per year to maintain. The lack of a database meant that the manually kept records were hard to use. Additionally, the Emergency Department does not have the space to store, or financial resources to maintain, the record book that is required by governmental policy.¹⁶³

2.3 Handling and management of data

Hospitals themselves are responsible for employing adequate qualified personnel for the purpose of managing records and fulfilling data requirements. In practice, one or two staff members are typically employed in the statistics units of hospitals, and these are usually overburdened with work. Wages are low for statisticians and analysts working in the public sector. However, qualified personnel are still available in adequate numbers.¹⁶⁴

Data is collected from those institutions which have to present a report every four months to the County Services for Public Health and once a year to the Centre of Medical Statistics, which in turn supplies information to the Ministry of Health. These reports offer general information, and do not contain specific information on firearms-related injuries, which is compiled by the statistical database held by the National Statistics Institute. The Centre for Medical Statistics has an electronic database that uses software named EPI INFO.¹⁶⁵

¹⁵⁹ Interview with Victor Olsavszky, WHO Romania, June 2006.

¹⁶⁰ *Ibid.*

¹⁶¹ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁶² Interview with Victor Olsavszky, WHO Romania, June 2006.

¹⁶³ Interview with Bogdan Oprita, Manager, Urgent UPU-SMURD (Emergency Department), Spitalul de Urgenta Floreasca (Emergency Hospital), June 2006.

¹⁶⁴ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁶⁵ *Ibid.*

At the more general level, a representative of the WHO in Romania noted that reports published by the Centre for Medical Statistics, due to the fact that staff capacity to process data is weak, are not always very useful to those who wish to make detailed analyses.¹⁶⁶ The reports contain general data gathered from hospitals, and other healthcare providers. In the reports, a firearms-related injury would not show up as such, as it would be recorded according to the medical diagnosis without reference to the circumstances or implement involved.

2.4 Use and accessibility of data

Under the Law on Free Access to Public Information (Law 544, 12 October 2001), individuals have the right to request information from public organisations and authorities, who are obliged to reply promptly, as well as to report annually on their activities.

Although the Centre for Medical Statistics maintains both a database and a web site, the database is not available to members of the public unless they submit an application. Its data are also accessible via the National Institute of Statistics, for a fee. However, annual reports by the Centre for Medical Statistics are sent to the Ministry for Public Health, the Government, the Parliament and the media and, in the opinion of an official within the Centre, do have an impact on Government policy (no examples were cited). The key restriction on access to information is a protocol signed with the Ombudsman's office protecting the identities of patients. This does not, however, restrict access to general information.¹⁶⁷

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

There is a statistical system for monitoring levels of reported crime, and a clear policy in place governing what information should be gathered, established in the laws governing the activity and procedures of the General Inspectorate of Police (GIP). These lead to standard procedures on the use of Charge Sheets, Statistics and Operative Evidence.¹⁶⁸ Although no specific information was available on the budget for data gathering by police, it was stated that there are adequate finances available to keep the record system that is required by government policy.¹⁶⁹

The present system for gathering data on armed violence is implemented by the 21 Services and 20 territorial offices of the GIP. The GIP receives only basic statistics from these offices and services, which are not a sufficient basis for detailed analysis. Every police office must follow a statistical model, and reports are presented to the central authorities on a monthly, quarterly and annual basis. The system presently in use is functioning. However, there is an ongoing effort to create within the GIP an electronic system with variables that allow for a more complex analysis of armed violence and firearms misuse. There is also an Interpol programme for making crime data available, under which crime data is made available on the internet.¹⁷⁰

3.2 Data gathering practices

As noted above, a doctor treating an injury generated by the use of firearms must report it to the police, even if the patient does not declare the circumstances or the implement used.¹⁷¹ The data system currently in place, according to one interviewee, makes it possible to analyse the overall number of crimes involving SALW, the age group of the perpetrator, the geographic area where injuries take place, the type of location where firearms-

¹⁶⁶ Interview with Victor Olsavszky, WHO Romania, June 2006.

¹⁶⁷ Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁶⁸ Interview with Dan Valentin Fatuloiu, First Quaestor, General Inspectorate of Police, June 2006.

¹⁶⁹ Interview with Chief Commissioner Niculaie Marinescu, Chief Inspector Valentin Niculita (IGPR), Service for firearms, explosives and toxic substances, June 2006.

¹⁷⁰ *Ibid.*

¹⁷¹ Interview with Bogdan Oprita, Manager, Urgent UPU-SMURD (Emergency Department), Spitalul de Urgenta Floreasca (Emergency Hospital), June 2006.



related crimes occur, and whether the incidence of firearms-related crime is linked to the abuse of particular substances.¹⁷² The research team was not, however, shown actual data indicating this level of detail. The data that are compiled at the national level draw on uniform practices in recording crime data across the country. Officials stated that there were no variations in the quality of data collected in different areas of the country, and likewise that officers always fill out records in full, as they recognise the importance of the process and have sufficient time to do so.¹⁷³

3.3 Handling and management of data

Data on crime is manually and electronically processed. Responsible offices have the basic equipment that they need to process this information. Typists and coordinating assistants from the Record-keeping unit process the information, and there are clear procedures for passing information up to national level: standard forms are filled out by the officer from the Operative Evidence Department; these are then verified and sanctioned by the manager/superior: He/she analyzes and approves the report, before it is sent via email to the superior authorities.¹⁷⁴

3.4 Use and accessibility of data

There are legal/procedural restrictions on who can receive police data on crime according to the Law on Classified Information (Law 182/2002). Meanwhile the Freedom of Information Act (Law 544/2001) establishes the categories of information available to the public. Governmental Ordinance 585 establishes the list of information accessible to the public and that which is classified.

Romania is atypical in the region in that officials were able to cite a policy change based on the statistics gathered. For example, following a high number of reported injuries involving explosives, the Minister of Administration and Interior has recently decided to change the law to increase penalties for misuse of explosives.¹⁷⁵

4 Gathering of data by judicial institutions

4.1 Data gathering policy

The judicial system does have a policy and systems for collecting information and analysing the situation in relation to armed violence.¹⁷⁶ Prosecutions are monitored by the courts, and conviction rates by the Superior Council of Magistracy (CSM). The Department for Judicial Statistics within the Prosecutor's Office monitors and evaluates the data gathering system for prosecutions, and the CSM covers the system for convictions.¹⁷⁷ Policy-makers and other stakeholders have a less direct role in monitoring and evaluating the system.

¹⁷² Interview with First Quaestor Dan Valentin Fatuloiu, General Inspectorate of Police, June 2006.

¹⁷³ Interview with Chief Commissioner Niculaie Marinescu, Chief Inspector Valentin Niculita (IGPR), Service for firearms, explosives and toxic substances, June 2006.

¹⁷⁴ *Ibid.*

¹⁷⁵ *Ibid.*

¹⁷⁶ Interview with Vlad Fagarasanu, Prosecutor, Criminality Department, High Court of Cassation and Justice Prosecutor's Office, June 2006.

¹⁷⁷ Interview with Mrs Laura Stefan, Anticorruption Department (Liaison Office within the Prosecutor's Office), Ministry of Justice, June 2006.

4.2 Data gathering practices

The national data on crimes from courts draws on uniform data gathering practices throughout the country. According to a responsible official at the Ministry of Justice, there are no variations in the quality of data received from different parts of the country.¹⁷⁸ Likewise it was stated that staff always fill out the forms required.¹⁷⁹

4.3 Handling and management of data

There are clear guidelines on passing information up to the national level. However, the responsible official stated that the system requires improvement. Over half of the data is processed electronically. Information gathered is entered into databases by court statisticians using software such as 'Excel' and 'Foxpro'.¹⁸⁰ Equipment levels were said to be adequate for the purposes of the current system. Apart from an increase in the numbers of staff involved, officials could identify no clear ways in which the system could be improved. Nor did officials project the costs that would be involved in enhancing the system.

4.4 Use and accessibility of data

The Prosecutor's Office compiles a report containing all information gathered from all territorial units.¹⁸¹ The officials interviewed could not cite examples of policy changes being made on the basis of data provided by the courts.

5 Coverage of vulnerable groups

The official interviewed at the Ministry of Health believed there to be no groups who had lower levels of access to or trust in healthcare providers than other groups.¹⁸² Law enforcement officials likewise believed there to be no sub-groups within the Romanian population that would have lower levels of access to or trust in law enforcement agencies. It was felt that domestic violence may be under-reported and that it could not be classified as a crime until a report took place. Furthermore, it was reported that women might be discouraged from reporting domestic violence because the financial penalties would impact on the whole family. However, there is no further information available to suggest that there is a problem with armed violence in the home in Romania.¹⁸³

Neither health nor law enforcement authorities drew attention to the limited interaction of the Roma population in Romania with social services, which manifests itself, for example, in the tendency for the Roma community not to register births. It is assessed, however, that official statistics on levels of armed violence among the Roma population would be affected by the limited interaction the group has with state institutions.

6 Conclusion

Each of the systems which could be oriented towards the collection of data on armed violence were said to be operating relatively well, according to set procedures, and with generally adequate resources.

Specifically in relation to armed violence monitoring in the health system, it would be desirable if classifications were adopted which allowed the implement used to inflict injuries to be visible in data and reports. With regard

¹⁷⁸ *Ibid.*

¹⁷⁹ Interview with Vlad Fagarasanu, Prosecutor, Criminality Department, High Court of Cassation and Justice Prosecutor's Office, June 2006.

¹⁸⁰ Interview with Mrs Laura Stefan, Anticorruption Department (Liaison Office within the Prosecutor's Office), Ministry of Justice, June 2006.

¹⁸¹ Interview with Vlad Fagarasanu, Prosecutor, Criminality Department, High Court of Cassation and Justice Prosecutor's Office, June 2006.

¹⁸² Interview with Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006.

¹⁸³ Interviews with First Quaestor Dan Valentin Fatuloiu, General Inspectorate of Police and Chief Commissioner Niculaie Marinescu, Chief Inspector Valentin Niculita (IGPR), Service for firearms, explosives and toxic substances, June 2006.



to healthcare data gathering in general, it was noted in individual hospitals that the availability of more staff for record-keeping would lead to improvements in the data collected. Less cramped conditions for, and improved training in gathering information would also be desirable. Doctors also highlighted the need for more space for keeping records, and enhanced technology to make data stored in records more useable. The integration of data from the small number of private health institutions not contributing to the national system as required would also add to the comprehensiveness of the current system. Finally, the link between diagnoses and hospital funding also presents a risk of distorted data being delivered and should be carefully monitored.

Implementation of the plans for an electronic system within the GIP could improve the amount of detailed information available on armed crime. If data currently collected are indeed as detailed as claimed at present, the capacity of the GIP to monitor armed violence is relatively well developed. This is especially the case given the practice of notification of firearms injuries to police by healthcare providers, and the apparent standardisation of police record-keeping procedures. However, reports were not made available to the research team that showed information to be as detailed as claimed, and further independent evaluation of current practices would be necessary to establish how far the claims of officials are reflected in the actual quality of police data.

The same analysis can be made of the judicial system. Although the claims of officials suggest that information currently gathered is fairly detailed, and that data gathering is standardised and of a uniform quality, further assessment would be required to make a detailed evaluation of these claims. In the meantime, an increase in the number of personnel involved in handling judicial data was the only improvement to the current system identified by officials interviewed.

A key general improvement would relate to how data is used once it is gathered, as it has the potential to enter much more routinely into public debate and policy formulation.

Despite the potential for improvements in the systems described, increased emphasis on the collection and use of armed violence data is not an obvious priority for the Romanian Government, given the relative absence of armed violence in Romanian society.

Serbia

1 Availability of data

1.1 National policy on armed violence data

According to all the persons interviewed in Serbia for this report, there is no national policy, legislation or system in place for collecting data on armed violence. The national health information system collects data from all health institutions in the public sector, based on the 'Law on Health Records' and the 'Programme of Health Statistics' dating from 1981. While there is a bulk of data collected and sent to district institutes of public health (IPHs) on a monthly basis, there are no specific analyses made with regard to external injuries caused by firearms.

The interviewees were not aware of any specific budgetary allocations to ensure classification of diseases, monitoring of external causes of injury including firearms injuries, reported crime and firearms crime in particular, or firearms-related prosecutions and convictions.

1.2 Participation in monitoring mechanisms

Health service reports are produced that are based on the WHO ICD-10 standards, which were translated into Serbian for use in the health service from 1996 - 1997.¹⁸⁴ The system does not currently conduct injury surveillance according to the WHO's ICECI standards. Thus external causes of injury are not classified in any more detail than is required by the routine health statistics: no central registry compiles figures, and no specific report is made, on external causes of injury.

1.3 Data in existing reports

The Saferworld/UNDP SALW Survey of the Republic of Serbia of 2005 offers a recent overview of the types of information available from already existing data gathering systems about levels of armed violence in Serbia. The report notes the following shortcomings:

*[...] limitations in the data available [...] poor procedures and lack of publicly available statistics as well as additional complications arising from the reluctance of citizens to report incidents involving SALW.*¹⁸⁵

Given this lack of reliable data, the report develops as far as is possible a profile of the extent and nature of armed violence drawing on a household survey, the Ministries of Health, Interior and Justice, and a survey of incidents reported in the media.

In terms of data provided by the Ministry of Health, the survey reports that '*detailed hospital data on firearms injuries was not available*'.¹⁸⁶ However, one chart included in the report illustrates the total number of homicides mapped against the number of firearms homicides for the years 1975 - 1992. The statistics that generated the chart are not included and an unpublished document compiled by the Institute of Public Health is given as the reference. If accurate, the information potentially offers a basis for comparing firearm homicide rates with those in other countries. However, as the methods used for gathering the data are not known, it is hard to invest any credibility in conclusions drawn from comparing such data with that from other countries. The SALW Survey also cites the Institute for Public Health as saying that firearms-related injuries were the cause of 0.3% of admissions to Belgrade hospitals.

¹⁸⁴ Interview with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006.

¹⁸⁵ Taylor Z, Phillips C, 'Living With The Legacy - SALW Survey, Republic of Serbia', (UNDP/Saferworld, Belgrade, 2005), p. 29.

¹⁸⁶ *Ibid*, p. 30.



The survey also cites an overall suicide rate of 20.9 per 100,000 from one source, and a firearms suicide rate of 3.08 per 100,000 from another,¹⁸⁷ and states that suicides committed with firearms consistently accounted for roughly 15% of all suicides for the period 1998 - 2002.

Although official crime figures were not made available to the survey's research team, the Republic of Serbia's Ministry of Internal Affairs (MUP) did provide information as to types of firearm most commonly misused.¹⁸⁸ Further, MUP figures were able to distinguish, for eight different categories of firearms misuse, what percentage of offences involved handguns and what proportion long guns.¹⁸⁹ This is an impressive and potentially useful level of detail to reflect in crime data, as it shows that the most serious kinds of offence are typically related to handguns. However, a similar level of detail is not reported in relation to other factors.

The survey also included data from the Ministry of Justice stating that armed robbery cases among criminal cases rose from 1.9% in 2001 to 4.2% in 2003.¹⁹⁰ This indicates that the Ministry of Justice is also able to provide statistics that have some utility in measuring the scale of the problem, but that, once again, data has not been generated to cover the full range of possible factors.

The Security Intelligence Service (BIA) offers information on the total value of '*weapons, army equipment and crude oil derivatives*' seized, but gives no more specific information than this.¹⁹¹

It is also clear from the survey that data from government agencies – rather than being available to all relevant agencies and for public discussion in documents that could be referenced by the survey team – was obtainable in limited quantities only upon specific request by individual researchers. The report also notes that none of the official figures offered a breakdown of firearms-related injuries or deaths by gender.¹⁹²

In the household survey, 10% of respondents reported being victims of crime in the preceding year, but of these only 5% were victims of firearms crime. In the absence of other information, this represents a useful measure of the proportion of crime involving firearms, but offers no substitute for statistics that could be gathered from the daily contacts official agencies have with injury patients or crime reports.

In media reports analysed by the SALW Survey, 25% of reports covering crime in 2003 mentioned small arms and light weapons, and 21% in 2004: it may be the case that the media were more likely to report on crimes involving firearms than other types of crime.¹⁹³ The information from analysis of media reports on SALW-related crime was able to give a profile of incidents covered by time of occurrence, the age range of perpetrators and the type of incident involved. As noted in other chapters, although the media analysis offers a useful initial clue as to the types of incident occurring, there is no guarantee about how representative the media is in its coverage of the problem.

Overall, the information that is presented in the SALW Survey does not provide the sort of comprehensive and reliable picture that could be developed if continuous data gathering covering factors with potential implications for government policy (see the introduction to this report) were incorporated into the activities of healthcare providers, the police, the Judiciary, the Customs Service and others.

¹⁸⁷ *Ibid*, p. 30, citing (for the overall suicide rate) Smith A, 'Baltics fighting suicide crisis', <http://europe.tiscali.co.uk/index.jsp?section=lifestyle&level=preview&content=222014>, 27 July 2004 and (for the firearms suicide rate) United Nations, *UN International Study on Firearm Regulation*, (United Nations, 1998).

¹⁸⁸ Taylor Z, Phillips C, 'Living With The Legacy – SALW Survey, Republic of Serbia', (UNDP/Saferworld, Belgrade, 2005), 'not made available' p. 29; types of firearm misused p. 31.

¹⁸⁹ *Ibid*, p. 32.

¹⁹⁰ *Ibid*, p. 29.

¹⁹¹ BIA website, http://www.bia.sr.gov.yu/Eng/frameset_e.html, cited in *Ibid*, p. 27.

¹⁹² Taylor Z, Phillips C, 'Living With The Legacy – SALW Survey, Republic of Serbia', (UNDP/Saferworld, Belgrade, 2005), p. 34.

¹⁹³ *Ibid*, p. 29.

1.4 Features of the main data gathering systems

Features of the main data gathering systems in Serbia are summarised in the table below:

| DATA INDICATORS | IPH | MOI | JUDICIARY |
|--|----------------------|----------------------|----------------------|
| Proportion of Crimes / Injuries involving SALW | No (Records only) | Yes | No (Records only) |
| Intentionality | No (Records only) | ? | No (Records only) |
| Gender (Victim) | No (Records only) | No (Records only) | No (Records only) |
| Age (Victim) | No (Records only) | No (Records only) | No (Records only) |
| Gender (Perpetrator) | No (Records only) | No (Records only) | No (Records only) |
| Age (Perpetrator) | No (Records only) | No (Records only) | No (Records only) |
| Victimisation (Ethnicity) | No (Records only) | No | No (Records only) |
| Victimisation (Income Group) | No (Records only) | No | No (Records only) |
| Types of Weapon causing Injuries | No (Records only) | Yes | No (Records only) |
| Type of Incident (Dispute, Theft etc) | No (Records only) | No (Records only) | No (Records only) |
| Injuries / Crimes by Geographic Area | No (Records only) | Yes | No (Records only) |
| Type of Location (School, Work etc) | No (Records only) | No (Records only) | No (Records only) |
| Time of Occurrence | No (Records only) | No | No (Records only) |
| Monthly Frequency of Injuries | No (Records only) | No | No (Records only) |
| Link to Substance Abuse | No (Records only) | No | No (Records only) |
| Prosecution Rates per Region | N/A | N/A | No (Records only) |

Table 12: Features of the main data gathering systems in Serbia

2 Injury surveillance data

2.1 Data gathering policy and budget

As stated above, the national health information system collects data from all health institutions in the public sector, based on the 'Law on Health Records' and the 'Programme of Health Statistics' dating from 1981. The ICD-10 is in use but there are no specific classifications in use at present to produce data specifically on armed violence. The process of improving public health data is ongoing in parallel with the health system reform, and WHO has provided some training and capacity-building. Within the ongoing projects for strengthening the Health Information System, suggestions for improving the system for data gathering are invited from various stakeholders. One example of international assistance in this field includes European Agency for Reconstruction (EAR) projects for 2001 - 2006, which have included an ongoing project on electronic health records.¹⁹⁴

¹⁹⁴ Interview with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006.



However, an assessment/inventory of existing health reports from health institutions and an analysis of the capacity of public health institutes to perform analysis are needed. The WHO Country Office plans to support this process technically and financially, with the aim of improving the national health system, and strengthening the capacity of the Ministry of Health to analyse public health problems. Ultimately the WHO wishes to encourage better short-, mid- and long-term decision-making and sound monitoring of the implementation of a public health strategy.¹⁹⁵

A national counterpart for injury and violence prevention has recently been appointed by the Serbian Ministry of Health, indicating a degree of political commitment and understanding of the need for attention to this thematic area. In addition, The Ministry of Health of Serbia has begun working to strengthen the health information system in Serbia, and is drafting a new Law on Health Records/Statistics and Programme of Health Statistics. The WHO will support this process, of which a key outcome will be a National Health Indicators Database. This will act as a tool for: internal policy-making and monitoring the implementation of the public health strategy; monitoring the health status of the population; and drawing international comparisons and reporting to international bodies, such as the WHO.

2.2 Data gathering practices

There is practically no system in place to monitor public health data on injuries. The more general health data that is compiled at the national level does draw on uniform practices in hospitals across the country. However, it was felt that the standard of data collection might vary across the country, principally because of lack of funds to provide urgently needed up-to-date technology and equipment to those gathering and handling data. Although some specific institutions have the resources in terms of the forms and computers needed to gather data in the way that is required under the current system, many do not.¹⁹⁶

This constitutes a major challenge in the case of a large institution such as the Emergency Centre of the Clinical Centre of Serbia, which treats approximately 180,000 patients per year, and thus would require 50 new computers to enhance its capacities in this area. Although staff in general fill out records in full, and have sufficient time to do so, it was commented that they would have much more time for other tasks if they were able to use computers.¹⁹⁷ In the institutions approached by the research team, it was further stated that there were at present sufficient staff to carry out data gathering as required under current arrangements. Staff were said to understand the importance of this work, and have the necessary facilities and skills to gather information from those in distressing situations.¹⁹⁸

Another reason for variations in practices was suggested by interviewees to be related to the guidelines for collecting data for general health statistics: as these date from 1981, and have not been reprinted and redistributed since that time, they are reportedly not available to all healthcare providers. Thus personnel in charge of filling in reports generally only receive training from predecessors or senior colleagues.¹⁹⁹ Every healthcare provider fills in individual and summary reports that are sent out on a monthly basis to district Institutes of Public Health. There are 22 such Institutes in Serbia.

As there is no overall system for gathering data on injuries, data is only available from specific institutions, for example the Institute for Forensic Medicine (University of Belgrade) and the Emergency Centre of the Clinical Centre of Serbia (from manually compiled records).²⁰⁰ Although the system is standardized in theory, there are many cases where amendments have been made to the system over the past two decades, so there are often

¹⁹⁵ *Ibid.*

¹⁹⁶ Interviews with Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

¹⁹⁷ *Ibid.*

¹⁹⁸ *Ibid.*

¹⁹⁹ Interviews with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

²⁰⁰ Interviews with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006, Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

deviations from the original design. The Emergency Centre (Clinical Centre of Serbia) and the Institute for Forensic Medicine both have standardized processes.²⁰¹

The Institute for Forensic Medicine has a form for murder cases and a form for suicide cases. These are confidential and only the overall number of deaths is passed on to the Institute of Public Health (no further information, such as weapons used, is shared). The Emergency Center of the Clinical Center of Serbia uses a form that contains a physician's report and general data on the patient. There is also a register of patients, containing their names, and the nature of their injuries. These data are collected primarily for police use.

According to a representative at the WHO, an assessment needs to be made of the qualifications of health personnel to use the ICD-10 or other coding mechanisms. The capacity of district Institutes of Public Health for analysis of health data needs to be assessed as well, especially with regard to use of modern technologies, and interpretation of results of analyses.²⁰²

2.3 Handling and management of data

Central data collection and analysis of the information from district level Institutes of Public Health is made at the Institute of Public Health of Serbia on an annual basis.

2.4 Use and accessibility of data

Data compiled by the Institute of Public Health at the national level are included in annual statistical health reports. These are accessible to the public and are available online.²⁰³ No information was available on specific action taken within the health care service after consideration of data made available in reports. There was no indication that this information is used at Governmental level to inform a comprehensive strategy to address public health problems. It was further noted that there is no specific attempt made to analyse the reports and to convey the findings to the public, policy-makers, the media or international organizations.²⁰⁴ Manual records collected at health institutions were said to occasionally be used for various purposes, such as in police investigations and reports.²⁰⁵

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

There are supposed to be uniform standards in place for gathering information on crime across the country.²⁰⁶ In practice, the system for gathering and analysing data is poorly developed. No specific department is known to be engaged in improving the system for collecting crime data.

3.2 Data gathering practices

Many of the responsible personnel, including those in senior positions, reportedly do not take data collection seriously, viewing it instead as a meaningless procedure. There are only general, fairly unclear guidelines in place as to what records to keep. According to an interviewee within the Police Department, there is very little understanding among police officers of why the process of record-keeping is important, and officers also may not have sufficient time to maintain records properly. Therefore records are not always completed in full.

²⁰¹ Interviews with Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

²⁰² Interview with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006.

²⁰³ See <http://www.batut.org.yu>, accessed 03 July 2006.

²⁰⁴ Interview with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006.

²⁰⁵ Interviews with Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

²⁰⁶ Information presented in this section is based on the comments of two key informants interviewed in June 2006 who preferred not to be directly cited in the final report. One is an Inspector within the Belgrade Police Department, the other is an official in the Ministry of Interior.



3.3 Handling and management of data

According to the key informants interviewed, some data is processed manually, while some data is entered electronically into databases by police officers. Even where data is processed electronically, there is said to be room for improving the system. Police stations and offices that process data typically do not have adequate equipment to carry out this task. The system could be improved if more computer equipment were available, and this is a reflection of a general lack of resources for routine police work. Officials specifically recommended a central database, which allowed for remote input and retrieval of information in field offices. Likewise, better co-ordination with other agencies that come into contact with armed violence cases, such as emergency rooms and hospitals, would help to improve the system.

3.4 Use and accessibility of data

There are restrictions on who can receive crime data from the Ministry of Interior (Mol). There are no known examples of policy debates or changes being made on the basis of data gathered by the Mol.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

There are no arrangements in place to develop from the courts' records any broader continuous data on convictions and prosecutions.

4.2 Data gathering practices

Any analysis that wanted to take account of trends in prosecutions and convictions related to armed violence in Serbia would depend on an investigation of manually completed records to uncover the relevant information. Although records would be completed in a uniform way across the country according to existing policy guidelines, in practice there are variations in the kinds of records held, as some courts have updated their information systems to make use of computer technology, while others have not. The policy guidelines on record-keeping, although clear in general, are outdated and in need of reform. Staff are thorough in filling out the records that are currently required, but any improvement to the overall system would require an increase in the number of personnel assigned to record-keeping and data management.

4.3 Handling and management of data

Some court information is sent to the Republic Statistical Office. More coherent organisation would be required to make a greater degree of information available at the national level, as well as more routine availability of computer technology to enable courts to handle information and pass it on in an efficient, standardised way.

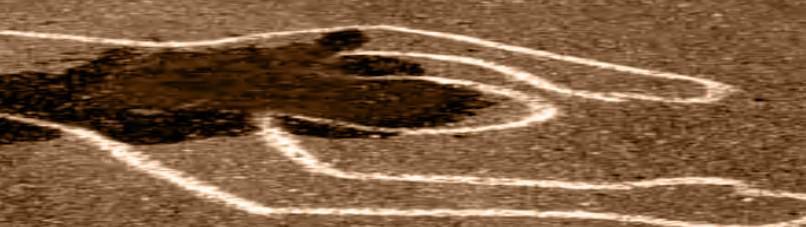
4.4 Use and accessibility of data

No examples could be cited of policy changes that have been made with reference to analytical reports based on court statistics.

5 Coverage of vulnerable groups

There are indications that the Roma population in slum dwellings in Serbia has lower levels of access to basic health services than other groups.²⁰⁷ Although it is probable that in the case of serious injuries, such as those inflicted by SALW, members of this group would gain access to medical treatment, it is possible that injury surveillance through the healthcare system would fail to reflect the level of armed violence among this group,

²⁰⁷ Interview with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006.



were routine data gathering in this area to be established.²⁰⁸ Similarly, interviewees agreed that it was likely that trust in and access to healthcare may be lower among certain other groups or in certain areas in Serbia, and that this would in all probability distort any data on levels of armed violence in such groups.²⁰⁹ No specific groups were identified, but it is possible that such a trend would be observed among refugees, Internally Displaced Persons, ethnic Albanians and populations in poorer areas of the country.

In terms of crime data, it was noted that although there was a tendency for domestic violence incidents not to be reported, this was due more to the fear of (and by implication lack of protection from) the perpetrator than to the fact that women do not have confidence in reporting to the police. It was also stated by the officials interviewed that the Roma population has lower levels of access to and trust in law enforcement institutions than other groups. Ethnic Albanian respondents to a perceptions' survey in Southern Serbia in 2004 were also found to have a lower level of trust in the Mol as security providers than their Serbian counterparts: 19% of Albanians thought the Mol should be responsible for security compared to 39% of Serbs.²¹⁰

6 Conclusion

The new National Health Indicators Database could provide a tangible improvement to the overall level of information available for evidence-based policy-making in the field of public health. In terms of armed violence, for any more detailed data to become available in line with best practices in injury surveillance, an effort to improve the availability of information would have to begin at the level of standardised record-keeping. The overhaul of record-keeping forms, information gathering guidelines, training in information gathering procedures, and new computers to minimise the burden of work, would all be necessary before a functional system for monitoring armed violence through healthcare providers could become fully operational.

Although records are kept by police stations, the Mol appears not to have a coherent system for recording levels of reported crime. More co-ordination would be needed to generate national level data from all police stations, as well as a change in attitude towards record-keeping. To bring about a greater commitment to record-keeping and data, there would need to be both more coherent impetus from senior officials, and retraining of responsible officers. More equipment, particularly computers, and funding would be required to make the system functional. Likewise, interviewees identified the need for more co-ordination with emergency rooms and hospitals to gauge the exact number of crimes occurring. If these steps were taken, a shift towards routine analysis and publication of crime data would also increase the possibility of data being used as a basis for policy discussion among politicians and in public debate.

The picture is largely similar in relation to the courts: although records are kept, courts are left to operate their own systems, therefore the task of generating more data would have to focus on several different levels: standardisation of record-keeping methods across all courts, including standardising equipment levels for this purpose in courts; creation of a system for processing records onto a national level database; publication of annual reports based on this process; and finally a legal obligation to publicise any findings and submit an analytical report to the Parliament on a regular basis. Without these systems in place, it is difficult to see how any oversight of the efficiency of the criminal justice system could be offered in relation to all types of crime.

In the meantime, perceptions' surveys and media analysis, and primary research using records in healthcare institutions, police stations and courts will continue to provide the only, haphazard information that becomes available.

²⁰⁸ *Ibid.*

²⁰⁹ Interviews with Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006, Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006 and Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006.

²¹⁰ Rynn S, 'Perceptions of Small Arms and Security in South Serbia', (SEESAC, Belgrade, 2004), Annex C, p. 8.



Entity of Kosovo²¹¹

1 Availability of data

1.1 Policy on armed violence data

The Forum for Civic Initiatives/Saferworld SALW Survey of Kosovo (2006) draws attention to 'major gaps in the production, collection and analysis of SALW-related statistics by Kosovo health and law enforcement institutions'.²¹² In fact, while health data is not comprehensive, and court data is all but non-existent, data produced by law enforcement institutions is fairly detailed by regional standards.

1.2 Participation in monitoring mechanisms

Kosovan healthcare institutions classify patients according to the ICD-10. However, the creation of an Albanian translation of the ICD-10 is an obstacle to the perfect functioning of the system.²¹³

1.3 Data in existing reports

The Small Arms Survey's June 2003 baseline assessment on SALW issues in Kosovo, conducted for UNDP and entitled 'Kosovo and the Gun', had access to some useful data supplied by the mechanisms set up under the international administration. However, there were difficulties in analysing trends further back than 1999 because earlier records were either destroyed or removed to Belgrade during the course of the conflict.²¹⁴ It is also questionable how sustainable these statistical systems will be as international involvement in the running of Kosovo is scaled back.

The 'Kosovo and the Gun' report quoted figures published by the United Nations Mission in Kosovo (UNMIK) of total numbers and rates per 100,000 population of homicide, robbery and serious assaults.²¹⁵ The Kosovo Police Information Service was also able to supply statistics for the overall crime rate, for weapons seizures indicating the type, manufacturer and area of the province in which weapons were seized and for the type of SALW used in specific types of crime (murder, kidnapping, robbery and aggravated assault).²¹⁶ NATO's Kosovo Protection Force (KFOR) also gave statistics on the types of weapons seized and collected and broke the figures on seizures down to indicate the area of the province where the seizure took place.²¹⁷

Although a formal system for monitoring firearms injuries for the whole of Kosovo was not in place at the time when 'Kosovo and the Gun' was written, the report was able to quote the number of visits which could be ascribed to firearm injuries per year at Pristina University Hospital (the University Clinical Centre of Kosovo), the main referral centre for gunshot injuries from the other 56 healthcare institutions in Kosovo. The figures were classified by municipality (presumably indicating the place where the injury was sustained rather than the area of residence of the patient, although this is not stated). Although the figures were felt to be fairly indicative of the overall scale of armed violence injuries, it was noted that ethnic Serbs would normally receive treatment in Mitrovica or Camp Bondsteel rather than at the hospital, and therefore rates of SALW-related injury among ethnic Serbs were not reflected in the figures.

²¹¹ The UN Administered Entity of Kosovo, referred to as Kosovo for the remainder of this report.

²¹² Sokolova J, Richards A, Smith H and Rynn S, *SALW Survey of Kosovo*, Belgrade, SEESAC, 2006.

²¹³ 'We need about €70,000 for the translation of this document. Even though we have tried to find funds, until now it has proved impossible.' Interview with Dr Xhevat Ukaj, Director of the Healthcare Statistics System, Department in Ministry of Health, July 2006.

²¹⁴ Khakee A and Florquin N, 'Kosovo and the Gun: A Baseline Assessment of Small Arms and Light Weapons in Kosovo', (UNDP/Small Arms Survey, Geneva, June 2003), p. 35.

²¹⁵ *Ibid*, p. 7, citing UNMIK Police Press Release, 29 October 2002 and UNDP, 'Early Warning Report Kosovo September-December 2002.' Report no. 2 (Pristina, UNDP).

²¹⁶ Khakee A and Florquin N, 'Kosovo and the Gun: A Baseline Assessment of Small Arms and Light Weapons in Kosovo', (UNDP/Small Arms Survey, Geneva, June 2003), pp. 18-19, 64-65, 68.

²¹⁷ *Ibid*, pp. 23-24.



The 'Kosovo and the Gun' report was also based on a household survey that gave data indicating confidence in levels of security and perceptions of the prevalence of different types of crime, but did not offer data on levels of victimisation.

The more recent Forum for Civic Initiatives and Saferworld SALW Survey of Kosovo (2006) likewise noted that '*no comprehensive data on deaths and injuries due to firearms is collected*', and that '*different sets of crime statistics are [...] kept by the KPS and UNMIK Police*'.²¹⁸ The SALW Survey based its analysis of public health information on individual hospital records, because comprehensive statistics were not available from the Ministry of Health. It was noted that the Ministry of Health has a database covering the 56 primary, secondary and tertiary healthcare institutions in Kosovo, but that the database is not fully operational. Thus the most comprehensive statistics on firearms injuries available are those kept by the University Clinical Centre of Kosova. These statistics exclude those dying from their injuries before reaching the hospital and any injuries not referred to the hospital. Morgue officials and police were unable to supplement the hospital figures with information on fatalities.

The University Clinical Centre of Kosova provided the SALW Survey with statistics on armed violence showing: the number of hospital visits due to firearms from the second half of 1999 to 2002; the number of fatal and non-fatal injuries from 2003 to 2005; the number of deaths and injuries per municipality (2003 - 2005). UNMIK also supplied official records of numbers of firearms injuries and deaths per month for 2006, distinguishing between self-inflicted and non-self-inflicted injuries.

UNMIK Police data were available showing the number of overall criminal cases and SALW-related criminal cases for 2000 - 2006, disaggregated by region. However, these data contradict UNMIK figures presented elsewhere and quoted in a UNDP Early Warning report.²¹⁹ Likewise, KPS and UNMIK Police statistics on total murders and attempted murders, and those due to firearms, for the period 2000 - 2006 are available but do not match. UNMIK data is broken down by year and is more detailed than KPS data, allowing for an analysis of the age, gender and ethnicity of suspects and victims for the years 2000 - 2006. The age categorisation of murder suspects offers one of the few quantifiable sources of information in the region on youth participation and victimisation by armed violence. UNMIK police data distinguished between firearms-related and non-firearms related offences with regard to other crimes, including assault, robbery, grievous assault and attacks using grenades, mines or other explosives, as well as indicating the number of weapons of particular types seized as evidence in criminal cases.

KPS and UNMIK also supplied statistics on overall suicides and firearm-related suicides in recent years, but the two sets of figures differ very markedly. The UNMIK suicide figures were further called into question by statistics based on media analysis that suggest higher numbers of cases than are officially recorded.

KPS was also able to provide figures on the total number of domestic violence incidents (2004 - 2005) and those involving firearms (2005 - 2006). For firearms incidents, it was possible to analyse the type of incident (threat, attempted murder, murder etc), the location where the incident occurred and the gender of suspect and perpetrator. However, the Survey noted that there was no indication of how many victims of domestic violence were children. Women's organisations were noted as a further source of information on domestic violence (discussed further below in the section 'Coverage of vulnerable groups').

The courts system provided the 2006 SALW Survey with no statistics on firearms-related prosecutions, except for the information provided by a single district court (Gjilan/Gnjilane) covering the period 2002 - 2003. This information illustrated the number of firearms-related murder and attempted murder cases by region of Kosovo. As the statistics directly match those supplied by UNMIK Police, it seems probable that they are derived from that source rather than being generated by any independent records system maintained by the courts, which appears to be completely lacking.

A household survey was also used to generate information on perceptions related to small arms to inform the 2006 SALW Survey. The question, '*Are there incidents in your community in which people are injured by firearms?*' offered some quantitative information on levels of armed violence, disaggregated by gender and

²¹⁸ Sokolova J, Richards A, Smith H and Rynn S, *SALW Survey of Kosovo*, Belgrade, SEESAC, 2006.

²¹⁹ *Ibid*, citing UNDP, *Early Warning Report No. 12*, October-December 2005, p 25, http://www.kosovo.undp.org/publications/ews12/ewr12_eng.pdf, accessed 16 May 2006.

ethnicity. A similar household survey question was used to gauge the incidence of armed threats in respondents' communities. However, these questions differ from questions used in similar surveys in other regional countries and thus does not produce results that are comparable with those from other countries. Nor does the question offer a basis for estimating the overall number of incidents, and thus it has limited utility for analysing the accuracy of other records of injury.

The SALW Survey likewise drew on an analysis of media articles from 2005 related to SALW, which gave an indication of the number of firearms-related incidents, such as attempted murders, suicides, armed robberies, threats and seizures reported by the media. The media-generated data on suicides were useful in calling into question the official figures as noted above. However, media analysis does not provide a comprehensive picture of all relevant incidents both because of pre-selection of newsworthy stories, and ethnically biased coverage.

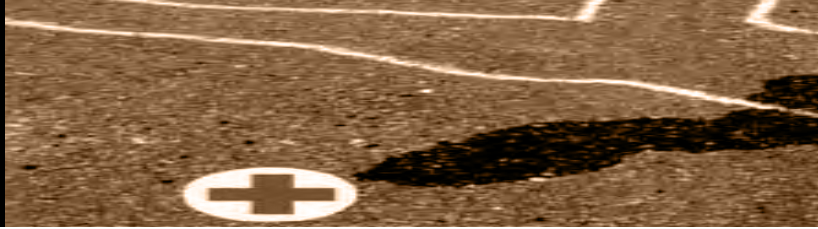
In addition to the reports inquiring directly into small arms and their impacts, UNDP compiles regular Early Warning reports covering Kosovo, that offer results of regular surveys on questions related to security, as well as showing other statistics specifically related to armed violence. These include information on murder, attempted murder and assault of KPS or UNMIK Police Officers.

1.4 Features of the main data gathering systems

The features of the main different data gathering systems in Kosovo are summarised in the table below:

| DATA INDICATORS | HEALTH | CRIME | JUDICIARY |
|--|-----------------------------------|---|------------------|
| Proportion of Crimes / Injuries involving SALW | Yes (Uni Clinical Centre only) | Yes | No |
| Intentionality | No | No (Self/non-self inflicted only - UNMIK Police) | No |
| Gender (Victim) | No | Yes (UNMIK Police) | No |
| Age (Victim) | No | Yes (UNMIK Police) | No |
| Gender (Perpetrator) | No | Yes (UNMIK Police) | No |
| Age (Perpetrator) | No | Yes (Child/juvenile/adult - UNMIK Police) | No |
| Victimisation (Ethnicity) | No | Yes | No |
| Victimisation (Income Group) | No | No | No |
| Types of Weapon causing Injuries | No | Yes | No |
| Type of Incident (Dispute, Theft etc) | Yes | Yes | No |
| Injuries / Crimes by Geographic Area | Yes | Yes | Yes (Murders) |
| Type of Location (School, Work etc) | No | No | No |
| Time of Occurrence | No | No | No |
| Monthly Frequency of Injuries | No | Yes (UNMIK records) | No |
| Link to Substance Abuse | No | No (Women's orgs domestic violence records only) | No |
| Prosecution Rates per Region | N/A | N/A | No |

Table 13: Features of the main data gathering systems in Kosovo



2 Injury surveillance data

2.1 Data gathering policy and budget

Kosovo has approximately 14,000 healthcare workers. There have been various attempts to improve the database system in the health sector since 1999, the most significant of which was a project implemented in 2003, funded by the European Agency for Reconstruction. This project created a common database to manage approximately 10,000,000 contacts per year. The healthcare system includes a Healthcare Statistics System, and information management in the system costs an estimated €100,000 per year.²²⁰

2.2 Data gathering practices

Roughly 57 healthcare institutions in Kosovo are currently participating in the classification of disease according to ICD standards. They include thirty family healthcare centres, seven regional hospitals, two medical institutes, seven mental healthcare centres, the University Clinical Centre, the Dentistry University Centre, the National Blood Transfusion Centre and ambulances. 10,000 healthcare workers have been trained in filling out computerised health records. Sufficient computer equipment is available for the system to function as intended, although funds for maintaining the database were said to be insufficient.

When patients with injuries related to firearms come into contact with one of Kosovo's Healthcare institutions, a computer record is created detailing the type of injury and the device causing it. The Emergency Clinical Centre records injuries according to the implement used, the reason and the place where the injury occurred.²²¹

2.3 Handling and management of data

The University Clinical Centre, and seven regional hospitals in Prizren, Gjakovë/Đakovica, Pejë/Peć, Gjiilan-Gnjilane, Mitrovicë/Mitrovica, Ferizaj-Urosevac and Vushtrri/Vucitrn contribute to a database in which all injury cases are entered, along with information on the device used to inflict the injury. However, this information network in practice is not currently operational. This is due to the lack of a network link between locally held databases and the central database. Therefore, locally gathered data is transferred in hard copy or electronically to the central location and then are entered into the database. 'A local base carries data to Pristina, which after that are needed to be entered into a common database. The strategy predicts entering the data all the time, but since the informative system is not connected by an optic cable or intranet, we have to do the job that way'. About 170 staff have received training for entering data into the system.²²²

2.4 Use and accessibility of data

In practice, as the 2006 SALW Survey of Kosovo highlighted, data cannot currently be retrieved on injuries covering the whole healthcare system. Instead statistics have to be retrieved from the University Clinical Centre of Kosovo and other relevant institutions proactively by primary researchers in order to be analysed and fed into policy discussion.

²²⁰ Interview with Dr Xhevat Ukaj, Director of the Healthcare Statistics System, Department in Ministry of Health, July 2006.

²²¹ *Ibid.*

²²² *Ibid.*

3 Gathering of data by law enforcement institutions

3.1 Data gathering policy and budget

Data on crime is gathered routinely by both UNMIK Police and the KPS. When compared, there are contradictions between data from the two sources, which invites questions on the reliability of the information.²²³ Furthermore, UNMIK Police data is contradicted by data published by other branches of UNMIK.

3.2 Data gathering practices

All police stations in Kosovo are equipped with computers and other necessary equipment for recording data on crime. Data gathered on crimes related to SALW makes it possible to distinguish the age, gender and ethnicity of the victim and the suspected perpetrator, the region where crimes occur most frequently, the proportion of all crimes and of many specific categories of offence that involve SALW, the broad type of weapon used, and the reason for the incident. Record-keeping procedures were stated to be sub-ideal by a key informant of the 2006 SALW Survey, who urged caution in the interpretation of crime data for Kosovo for this reason.²²⁴

3.3 Handling and management of data

According to officials, most police stations are connected into the Kosovo Police Service (KPS) computer network. An official at the KPS IT department says that the current budget is insufficient to cover information needs.¹²

3.4 Use and accessibility of data

Detailed data have been made available by UNMIK Police and the KPS to researchers for more than one SALW Survey in Kosovo, has been used as the basis of previous weapons collection initiatives, and is duly considered by international actors in analysing the security situation and preparing SALW-related interventions. It remains to be seen how far local structures will continue to take account of detailed data in debating and forming public policy when Kosovo's final status is determined.

4 Gathering of data by judicial institutions

4.1 Data gathering policy

No data was available from the court system to inform the research team for the 2006 SALW Survey of Kosovo.²²⁵ A single court (Gjilan/Gnjilane) provided a limited amount of information to the survey on some offences which are clearly SALW-related. No representatives of the judicial system would agree to meet the research team for this study.

5 Coverage of vulnerable groups

Kosovo's healthcare system in principle offers equal access to healthcare services for all people living in Kosovo regardless of nationality or religion. The computerised records do not require the declaration of ethnicity or religion, and the healthcare system includes an office for equal opportunities which ensures access to healthcare for all people living in Kosovo. However, this does not necessarily mean that Kosovo's different ethnic and religious constituents in practice are equally confident in using health services outside of their own community. Likewise, it appears that Kosovo Serbs on occasion seek treatment from the Serbian healthcare system outside of Kosovo. Therefore it may be the case that the data system in place would not comprehensively cover all incidents of firearms among each ethnic or religious group in Kosovo.

²²³ Sokolova J, Richards A, Smith H and Rynn S, *SALW Survey of Kosovo*, Belgrade, SEESAC, 2006.

²²⁴ *Ibid*, citing correspondence with Paul Jordan, Head of UNMIK Crime Analysis, 17 May 2006.

²²⁵ Sokolova J, Richards A, Smith H and Rynn S, *SALW Survey of Kosovo*, Belgrade, SEESAC, 2006.



The 2006 SALW Survey of Kosovo noted the difficulty of obtaining any statistical information on firearm-related injuries sustained by Kosovo Serbs.²²⁶ Serbs typically receive treatment from Mitrovica North Hospital or Gracanica Medical Centre, but the SALW Survey was not able to obtain any statistics from these providers, which illustrates the challenge of gaining comprehensive data on a population split by ethnic division, even during periods when armed violence is relatively low.

Useful data is compiled on domestic violence by the KPS Unit for the Investigation of Domestic Violence, distinguishing between overall domestic violence incidents and those that are firearms-related. However, the 2006 SALW Survey notes the disparity between the proportion of domestic violence incidents recorded by KPS that involve firearms, and the proportion of domestic violence incidents involving firearms as recorded by the women's organisation Medica for the period 2003 - 2004. The same organisation retains records indicating whether the case is linked to consumption of alcohol. In any case, the accuracy of the proportion of domestic violence cases recorded by KPS thought to have involved firearms is called into question by Medica's records, which suggest a higher proportion of domestic violence incidents may involve firearms than is captured by police data.

6 Conclusion

The present lack of a functioning system to compile data on injuries from all potential sources is a challenge to evidence-based policymaking both in public health in general and in relation to armed violence specifically. The database that is in place needs to be made operational as soon as possible in order to ensure the sharing of information and analysis of data. Effort needs to be made to discover the rate of injury in minority populations, particularly the ethnic Serb population, and to ensure that information on this population is consistently included in data sets covering Kosovo and taken into consideration in analysing the level of armed violence that is occurring.

The fact that there is at present an impressive amount of detail on armed violence in Kosovo available from law enforcement agencies may be a reflection of UN capacity rather than a demonstration of sustainable, impartial data collection and management systems maintained by locally-run institutions. Likewise, parallel sets of law enforcement statistics appear to contradict one other. The reasons for these contradictions need to be identified and removed. Likewise, the capacity and willingness of local institutions to retain information management systems set up since 1999 must now be ensured, so that this information can continue to play a role in public debate and policy-making.

The court system offered neither information on numbers of prosecutions and convictions nor access to information on the type of records kept and how they are handled. The potential usefulness of information generated from court records is clear, as it provides a basis for independent appraisal of the efficiency of the law and justice sector. Information systems thus need to be developed in the near term with transparency and accountability in mind, as an important component of democratic accountability in the governmental structures of the entity, whatever its future status.

²²⁶ *Ibid.*

Conclusion

1 Current data collection practices

The conclusion of each country section in this report offers an analysis of how the current systems in each country could be improved. General themes across countries include the need to train staff in both how to gather information and the importance of doing so. In most of the countries in the region, there is also a need for improved equipment in the form of computers and software for handling records and exchanging information. There is a particular need in some cases to coordinate the contribution of all potential sources of information within the healthcare system to a common set of data. There is also a need for more effort to make use of information once it is gathered, by analysing data and disseminating the findings to policy-makers.

2 Armed violence indicators

SEE countries, especially those with greater problems related to security and armed violence, should consider the adoption of data collection procedures that enable these problems to be described and analysed in their social context. Standard indicators for analysis could include those noted in the main body of this report. These are:

- The scale of the burden that firearms related injuries place on society;
- Whether injuries are intentionally or unintentionally inflicted;
- Which gender is most often victim or perpetrator;
- Which age group is most often victim or perpetrator;
- Whether injuries are more common among low-income, ethnic, refugee or other groups;
- Which kind of weapon causes more injuries;
- What kind of incidents lead to injuries (dispute, theft, suicide, domestic violence, legal intervention, civil disturbance);
- In which areas firearms injuries are most common;
- In what type of location injuries are most likely to take place;
- At what time of day/week/month/year injuries are most likely to occur;
- What the variations are in the type of injuries occurring in different areas;
- What kind of weapon causes the most lethal injuries; and / or
- Whether incidence of injuries is linked to the abuse of particular substances.

Other information considered useful can also be incorporated into national systems, based on discussion with the persons who would be directly responsible for gathering the information, and those who would use the information. In the case of armed violence, this list of stakeholders who could decide on the best way for information to be collected would include:

- Those collecting information:
 - Doctors;
 - Nurses;
 - Paramedics;
 - Coroners;
 - Forensic doctors;
 - Policemen; and
 - Court/Prosecutor's Office clerks.



- Those processing information:
 - Data entry clerks;
 - Statisticians; and
 - Analysts.
- Those who could use the information:
 - Police;
 - Ministries of Interior;
 - Judiciaries and Prosecutors' Offices;
 - Ministries of Health;
 - All ministries making policies which can reduce social problems linked to armed violence (e.g. Labour, Social Welfare, Youth, Gender);
 - International organisations;
 - Civil Society Organisations; and
 - The general public.

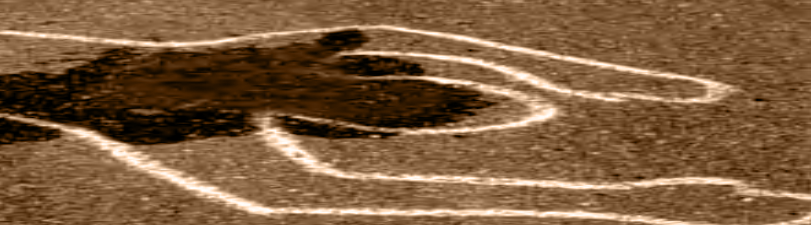
It is unclear whether donor support for these systems would make them more or less functional: if information is gathered according to the agenda of international bodies or legal requirements, it appears not to be used upon collection. Conversely, useful record-keeping systems have been developed with relatively few resources or political leadership, where the will to do so exists. Often individual hospitals exceed national requirements for data with few resources because they recognise the value of the information that they can gather, and want to document the human loss with which their staff come into daily contact. Therefore recognition of the value of data on armed violence should be in evidence among governments themselves before donors attempt to drive forward initiatives in this area.

3 Victimization Surveys

As comprehensive armed violence surveillance systems developed through official channels are unlikely to be significantly improved and standardised in the short term, there is potential for use of a simple, regular standardised questionnaire in priority countries and territories to measure the level of armed violence in a representative sample of the population.

If a standard question to indicate the number of respondents who have themselves directly experienced an injury involving SALW in the last twelve months is developed for use across the region, the level of victimisation could be regularly monitored, on an annual basis. The use of a further question gauging the number of respondents whose household members have experienced a death or injury in the previous twelve months would also be necessary, because deaths from armed violence cannot, of course, be reported by the victims themselves. Where such a question is used, the average number of household members per respondent would have to be clearly defined if overall rates of victimisation are to be projected from the sample used. The methodology should allow for disaggregation of data by location, gender, age, ethnicity and income level so that the influence of these factors on levels of victimisation can be made clear for those using the data produced.

These core questions could be incorporated into ongoing Early Warning Reports or other regular monitoring procedures, to obviate the logistical and financial burden which would be incurred if a regular, statistically significant international survey were to be set up for the sole purpose of monitoring armed violence. A variety of more complex questions, such as to indicate the severity of injuries sustained, intentionality and other factors could be added, depending on the resources available for the task and the operational needs of the users.



Annexes:

- A. Bibliography
- B. Epidemiological Surveillance Information Gathering Sheet on Armed Violence
- C. Armed Violence Data Gathering and Analysis Interview Guide



Annex A - Bibliography

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Albania

Bajram Begaj, Director of the Central Military Hospital 25 July 2006

Rasim Boriçi, Director of the General Directorate of the Public Order Police, 15 July 2006

Hekuran Braho, Center of Traumatology, Central Military Hospital, 25 July 2006

Nurie Çausi, Head of Statistics Department, Ministry of Health, 05 July 2006

Albert Dervishi, Head of Analyses and Statistics Department, Ministry of Interior, 20 July 2006



Eduard Gjika, Head of the Department of Orthopaedics, University Hospital Center "Mother Theresa", 14 July 2006

Adnand Kosova, Grave Crimes Prosecutor General, 15 July 2006

Vasil Miho, Liaison Officer, World Health Organization Tirana, 06 July 2006

Luan Nikollari, Director of the Medical Directorate, Ministry of Defense, 24 July 2006

Besnik Xhindoli, Doctor at the Emergency Clinic, Tirana, 30 June 2006

Iva Zajmi, Deputy Minister of Interior, 28 June 2006

Bosnia and Herzegovina

Dr. Alma Gusinac-Skopo, Institute for Public Health of the Federation of BiH, July 2006

Mrs. Hajrija Hadziomerovic-Muftic, Federal Prosecutor, Prosecutorial Court of the Federation of BiH, July 2006

Alma Vila Humackic, WHO representative, Federation of Bosnia and Herzegovina, July 2006

Boris Grubestic, Spokesperson, Prosecution Office of BiH, July 2006

Adil Kustura, Senior Assistant at the Crime Records Office, Court of the Canton of Sarajevo, July 2006

Zlatko Prndelj, Chief of the Criminal Police Office, Ministry of Interior of the Canton of Sarajevo, July 2006

Dr. Raib Salihefendic, Orthopedic Department, State Hospital of Sarajevo, July 2006

Mrs. Obrenka Slijepcevic, Secretary of the Prosecutorial Court of Republika Srpska, July 2006

Gojko Vasic, Chief of the Criminal Police Office, Ministry of Interior of Republika Srpska, July 2006

Dr. Gavric Zivana, Chief of the Department of Social Medicine, Institute for Public Health of Republika Srpska, July 2006

Bulgaria

Krassimira Dikova, National Center for Health Information, 22 June 2006

Dr Nikola Kolev, Saint Marina hospital, 12 June 2006

Nikolay Nikolov, Head of the Marketing and Information Systems Department of Saint Marina Hospital, Varna, 12 June 2006

Emilia Toncheva, National representative of the WHO, 23 June 2006

Evelin Yordanova, National Statistical Institute, 23 June 2006

Croatia

Snježana Bagić, State Secretary, Ministry of Justice, 20 July 2006

Dr Ivana Brkic Bilos, Croatian National Institute of Public Health, Chronic Mass Disease Service, Injury Control and Prevention Department, July 2006

Lara Dadić, General Practitioner, Zagreb, 18 July 2006

Dragan Đurđević, Surgeon, Clinic for Traumatology, Zagreb, 14 July 2006

Representative, Directorate of Medical Affairs, Ministry of Health, July 2006

Representative, Public Relations Department, Ministry of Interior, July 2006

FYR Macedonia

Marija Kisman, World Health Organization, 05 July 2006

Vladimir Pandilovski, National Arms Association, 07 July 2006

Nikola Prokopenko, Ministry of Justice, 04 July 2006

Trpe Stojanovski, Mol, 06 July 2006

Moldova

Afanasii Baurtul, Judge, Komrat region court, June 21 2006

Corneliu Bratunov, Senior Prosecutor, Exceptional Cases Division, General Prosecutor Office, June 23 2006

Eugenia Cibotaru, Emergency doctor working on ambulance (paramedic), Municipal Central Ambulance Department, June 19 2006

Col Mihai Cibotaru, Head, Public Order Department, Ministry of Interior, July 2006

Petru Crudu, Vice-Director, Centre of Public Health and Sanitary Management, Department of Statistics and Medical Documentation, Ministry of Health, June 20 2006

Nadejda Garlovan, Statistics in primary health care, University Clinic of Primary Health Care, Statistic and Economy Department

Natalia Iacovleva, Durlesti Health Center, June 27 2006

Angela Sargji, University Clinic of Primary Health Care, June 27 2006

Lina Stepanova, Chief Nurse in Emergency hospital, Emergency room of the Municipal Emergency Hospital, June 19 2006

Chedric Stepan, Emergency Doctor, Department of Traumatology and Orthopedy, June 19, 2006

Alexandru Susanu, Public Relations officer, National Forensic Expertise Centre, June 20 2006

Pavel Ursu, OIC-LMD WHO Liaison Officer, the WHO Liaison Office in the Republic of Moldova, June 27 2006

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Mirsad Bibović, Programme Manager, UNDP Montenegro, July 2006

Dr Mira Jovanovski-Dašić, Health Policy and System Officer, WHO Country Office Montenegro, July 2006

Dragan Milonjić, Adviser at the Customs of Republic of Montenegro, July 2006

Representative, Institute of Public Health, Montenegro, July 2006

Slavisa R. Ščekić, Security Adviser, Parliament of the Republic of Montenegro, July 2006

Romania

Vlad Fagarasanu, Prosecutor, Criminality Department, High Court of Cassation and Justice Prosecutor's Office, June 2006

Dan Valentin Fatuloiu, First Quaestor, General Inspectorate of Police, June 2006

Chief Commissioner Niculaie Marinescu, Chief Inspector Valentin Niculita (IGPR), Service for firearms, explosives and toxic substances, June 2006

Victor Olsavszky, WHO Romania, June 2006



Mrs Pertache, Director, Statistics department, Ministry of Health, June 2006

Chief Inspector Nelu Pop, General Inspectorate of the Romanian Border Police, June 2006

Bogdan Oprita, Manager, Urgent UPU-SMURD (Emergency Department), Spitalul de Urgenta Floreasca (Emergency Hospital), June 2006

Laura Stefan, Anticorruption Department (Liaison Office within the Prosecutor's Office), Ministry of Justice, June 2006

Serbia

Inspector, Belgrade Police Department, June 2006

Dr. Dusan Jovanovic, Deputy Director, Emergency Centre of the Clinical Centre of Serbia, July 2006

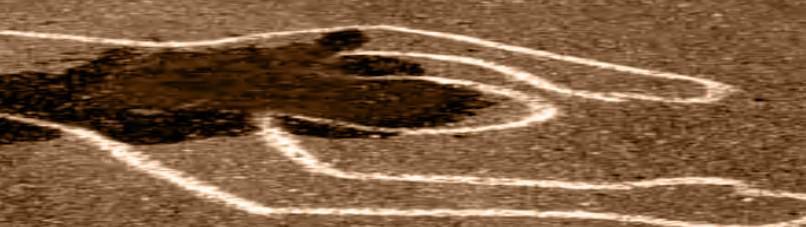
Official, Ministry of Interior, June 2006

Prof. Dr. Slobodan Savic, Institute for Forensic Medicine, School of Medicine, University of Belgrade, July 2006

Dr. Melita Vujnovic, Deputy Head, WHO Country Office Serbia, July 2006

Kosovo

Dr Xhevat Ukaj, Director of the Healthcare Statistics System, Department in Ministry of Health, July 2006



Annex B - Epidemiological Surveillance Information Gathering Sheet on Armed Violence

Identifier: (National identity number)

Date: (YYYY/MM/DD)

Time of injury: (HHMM)

- 1 00:00 – 03:59
- 2 04:00 – 07:59
- 3 08:00 – 11:59
- 4 12:00 – 15:59
- 5 16:00 – 19:59
- 6 20:00 – 23:59
- 9 Unknown

Age: (d-o-b)

- 1 less than 5 (birth to 4 years)
- 2 5-14
- 3 15-19
- 4 20-24
- 5 25-44
- 6 45-64
- 7 more than 64 (65 or more)
- 9 Age unknown

Usual area of residence:

Sex:

- 1 Male
- 2 Female
- 9 Sex unknown

Place of occurrence:

- 1 Home, including garden and out buildings
- 2 School, including kindergarten and schoolyard
- 3 Street/highway
- 8(98) Other (add subcategories, if appropriate, as follows:
 - 4 Residential institution
 - 5 Sports and athletics area
 - 6 Other transport area
 - 7 Industrial/construction
 - 8 Farm, excluding home
 - 9 Commercial
 - 10 Countryside, water, sea)
- 9(99) Unknown

Location of injury (divide local area into districts and give options):

Activity

- 1 Work, including travel for work (e.g. truck driving)
- 2 Education, including school sports
- 3 Sports
- 4 Leisure/play
- 5 Travelling not elsewhere classified
- 8 Other
- 9 Unknown

Mechanism of injury:

- 1 Traffic injury
- 2 Sexual assault
- 3 Fall
- 4 Stuck/hit by person or object
- 5 Stab or cut
- 6 Gunshot
- 7 Fire, flames or heat
- 8 Choking or hanging
- 9 Drowning or near-drowning
- 10 Poisoning
- 98 Other
- 99 Unknown

Intent

- 1 Unintentional (accidental)
- 2 Intentional self-harm (suicide, attempted suicide)
- 3 Assault (interpersonal violence)
- 4 Undetermined (awaiting results of investigation)
- 8 Other (subcategories:
 - 5 Legal interventions
 - 6 Operations of war and civil insurrection)
- 9 Unknown

If intent = 3 then complete the following question

Context:

- 1 Quarrel, fight
 - Domestic violence
 - Ethnic dispute
- 2 Burglary or robbery
- 3 Drug-related
- 4 Sexual assault

²²⁷ Following WHO injury surveillance guidelines.



- 5 Gang activity
- 6 Committing a crime (other than above)
 - Electoral violence
- 8 Other
- 9 Unknown

Perpetrator/victim relationship

- 1 Spouse, partner (present or past)
- 2 Parent or step-parent
- 3 Other relative (e.g. child, grandparent, brother)
- 4 Acquaintance or friend
- 5 Stranger
- 8 Other (add subcategories, if appropriate as follows:
 - 6 Care-giver
 - 7 Legal authorities)
- 9 Unknown

Object used

- 1 Club or stick
- 2 Knife, machete or other cutting/chopping implement
- 3 Fire
- 4 Gun or other firearm
- 5 Person, including parts of the body (e.g. fists, feet)
- 8 Other
- 9 Unknown

If object = 4 then complete the following question

Type of gun/firearm:

- Handgun
- Shotgun
- Rifle
- Machine gun
- Grenade
- Home made shotgun
- Other (specify)
- Unknown

Alcohol use

- 1 Suspected (by report or observation) or confirmed by biological evidence.
- 2 No information available

Other psychoactive substance use

- 1 Suspected (by report or observation) or confirmed by biological evidence.
- 2 No information available.

Severity

- 1 No apparent injury
- 2 Minor or superficial (e.g. bruises, minor cuts)
- 3 Moderate, requiring some skilled treatment (e.g. fractures, sutures)
- 4 Severe, requiring intensive medical/surgical management (e.g. internal haemorrhage, punctured organs, severed blood vessels)

Disposition

- 1 Treated and discharged
- 2 Admitted or referred to hospital
- 3 Died
- 8 Other
- 9 Unknown

Nature of injury:

- 1 Fracture
- 2 Sprain, strain or dislocation
- 3 Cuts, bites or open wound
- 4 Bruise or superficial injury
- 5 Burns
- 6 Concussion
- 7 Organ system injury
- 8 Other
- 9 Unknown

Annex C – Armed Violence Data Gathering and Analysis Interview Guide

Overall policy

1. Is there a policy in place for gathering data on armed violence?
2. Please supply any relevant statements of policy or laws governing gathering of data on armed violence.
3. If there is a policy, is this implemented through a functioning system for gathering data on armed violence?
4. What financial resources are invested in compiling statistical information:
 - On classification of diseases?
 - On external causes of injury overall?
 - On firearms-related injuries in particular?
 - On reported crime?
 - On firearms crime?
 - On firearms-related prosecutions?
 - On firearms-related convictions?
5. Are there any arrangements in place to analyse armed violence that take into account all potential sources of information on the topic (including injury data, police and court data, victimisation/media surveys and any other sources)?
6. If yes, please describe them.

Monitoring of Public Health

1. What data-gathering system is in place to classify diseases of patients receiving healthcare treatment?
2. Is a system in place that is compatible with the World Health Organization's (WHO) International Classification of Diseases?
3. Please state any years in which the country participated in the WHO's International Classification of Diseases?
4. What data-gathering system is in place specifically to monitor 'external causes of injury' (under which injuries caused by small arms and light weapons might be classified)?
5. Is a system in place that is compatible with the World Health Organization's International Classification of External Causes of Injury?
6. In which years has the country participated in the WHO's International Classification of External Causes of Injury?
7. Is the system used for gathering data on injuries developed from total coverage of all hospitals and other places where people who may have sustained injuries from armed violence are treated?
8. If data is gathered only from some healthcare providers, what effort is made to ensure that the information gathered is *representative* of all injuries occurring in the country?



9. Please state which sources are incorporated into the current system for monitoring public health/injury/disease:
 - Health clinics
 - Doctors' surgery records
 - Emergency room records
 - Intensive care unit records
 - Ward admission records
 - Death certificates
 - Other (please specify) _____
10. Do different parts of the healthcare system use different methods of record-keeping or is there a standardised process for recording all injuries (e.g. do emergency rooms classify firearms injuries in the same way as coroners?)
11. What financial investments or other resources would be required to make the current system compatible with the World Health Organisation standards?
12. Are there sufficient qualified personnel available to:
 - Conduct information gathering (fill in records or forms)?
 - Process data (generated by records or forms)?
 - Analyse data in written reports?
13. Have there been previous initiatives to improve data-gathering on:
 - Public health?
 - Firearms-related injuries in particular?
14. If yes, please describe them and state how successful they were?
15. Are there plans to modify any of the following aspects of the system for monitoring armed violence in future:
 - Availability of equipment
 - Computers
 - Stationery
 - Rooms for conducting interviews
 - Staff numbers
 - Training for staff
 - Financial resources
16. What happens to any data compiled on injuries?
17. Please explain any databases that are used to hold or share information.
18. Are regular reports made on the basis of data collected from healthcare providers?
19. If yes, to whom are the reports circulated?
20. If yes, how regular are reports?




21. If yes, how soon after the periods covered is information made available to
 - The public?
 - Policymakers?
 - The media?
 - International organisations?
22. Are there any legal or procedural restrictions on who can receive the information generated by the information gathering?
23. Are there examples of policy changes being made on the basis of recommendations or reports compiled from injury data?
24. Are there structures in place for evaluating data-gathering systems?
25. Do policymakers and other stakeholders have the opportunity to suggest improvements to the systems for data-gathering?
26. Does the system for gathering data on injuries allow any of the following types of analysis to be made:
 - Whether injuries were intentionally or unintentionally inflicted;
 - Which gender is most often victim or perpetrator;
 - Which age group is most often victim or perpetrator;
 - Whether injuries are more common among low-income, ethnic, refugee or other groups;
 - Which kind of weapon causes more injuries;
 - What kind of incidents led to the injury (dispute, theft, suicide, domestic violence, legal intervention, civil disturbance);
 - In which areas/regions/municipalities firearms injuries are most common;
 - In what type of location injuries are most likely to take place (home, workplace, school etc);
 - At what time of day/week/month/year injuries are most likely to occur;
 - What the variations are in the type of injuries occurring in different areas;
 - What kind of weapons cause the most lethal injuries;
 - Whether incidence of injuries is linked to the abuse of particular substances (alcohol, marijuana etc).
- [Note: the researcher should try to get a copy of any standard record-keeping forms used by hospitals and any other organisations keeping relevant records and translate them. This will be crucial for the assessment of how current record keeping differs from best practices, and how difficult it would be to adapt the existing system to monitor armed violence in the above ways]
27. Do particular minorities, or people living in particular geographic areas, have lower levels of access to healthcare?
28. If yes, specify which:
29. Is it likely that this would distort what is known about the levels of armed violence among this group?
30. Do particular minorities, or people living in particular geographic areas, have lower levels of trust in healthcare providers compared to the general population?
31. If yes, specify which:



32. Is it likely that this would distort what is known about the levels of armed violence among this group?
33. Are there any parallel structures apart from formal governmental institutions that respond to armed violence incidents by carrying out healthcare functions?
34. If yes, are any records they may keep integrated into broader systems for gathering data on armed violence?
35. Does the data that is compiled at the national level draw on uniform practices in hospitals across the country?
36. Are there variations in the quality of data generated by hospitals in different parts of the country?
37. If yes, what are the reasons for these variations?
38. Are there policy guidelines as to what kind of records to keep?
39. If yes, are they clear?
40. Are there policy guidelines on how to compile information and store it?
41. If yes, are they clear?
42. Are there clear procedures for passing information up to the national level?
43. If yes, how well do they function?

Questions specifically for hospital/healthcare staff

1. Do you keep records of the armed violence injuries sustained by patients?
2. Are there examples of the kinds of records kept (i.e. the forms used to classify types of injury)? [take a copy of a blank form if possible]
3. Do the records specify the implement used to inflict injury in cases of external injuries?
4. Is it possible to classify an injury as being caused specifically by
 - Firearms?
 - Explosive devices?
 - Landmines?
 - Different types of weapon:
 - Handgun?
 - Shotgun?
 - Rifle?
 - Home-made gun?
5. Is the current system designed to classify other circumstances surrounding the injury (which may be useful in analysing data from the point of view of a government or body trying to analyse and reduce armed violence), such as:
 - Whether the patient was intoxicated?
 - Whether the injury was intentionally or unintentionally inflicted?


- 
- Whether the injury was self inflicted or inflicted by another person?
 - The place where the injury was inflicted (home, workplace, street etc)
6. Is data from records processed manually or electronically (i.e. entered at some point into an electronic database)?
 7. [If electronic] Does the hospital itself process records onto the database?
 8. [If electronic] What software is used to process data?
 9. Does the hospital have the equipment – particularly computers, record keeping forms, constant electricity etc to collect and handle data in the way it would like?
 10. What is the cost of the record-keeping system per year?
 11. How many patients are treated by the hospital per year?
 12. Are there adequate finances available to keep the record system that is required by government policy?
 13. In your opinion, could the current system be improved?
 14. If yes, please state how.
 15. If yes, please estimate what the costs of making these improvements to the system would be.
 16. Do staff always fill out forms for records in full?
 17. Do they have adequate time to do so?
 18. Do staff recognise the importance of the information that can be gathered through filling in forms?
 19. Are more staff needed to maintain and improve the existing level of data-gathering?
 20. Is there any problem asking for information from distressed individuals requiring help?
 21. Are there sufficient facilities to talk over the details of the case with injured patients or their families in a calm and private setting?
 22. Do staff have the skills to conduct interviews sensitively?

Monitoring Crime Data

1. What data-gathering systems are in place to monitor levels of reported crime?
2. Does the system for monitoring levels of crime allow any of the following types of analysis to be made:
 - How many of the total number of each type of crime (for example, murder cases) involved small arms and light weapons?
 - Which gender is most often victim or perpetrator;
 - Which age group is most often victim or perpetrator;
 - Whether crimes are more or less common among low-income, ethnic, refugee or other groups;
 - What type of weapon was most commonly used for each different type of crime;
 - How many crimes were the result of different kinds of incident (dispute, theft, suicide, domestic violence, civil disturbance etc);



- In which areas/regions/municipalities firearms-related crimes are most common;
 - In what type of location crimes are most likely to take place (home, workplace, school etc);
 - At what time of day/week/month/year crimes are most likely to occur;
 - What the variations are in the types of crime occurring in different areas;
 - Whether incidence of firearms related crime is linked to the abuse of particular substances (alcohol, marijuana etc).
3. Are there specific groups of people within the society being analysed who are likely not to be adequately represented in data, given current practices in data gathering?
 4. Is there a tendency for domestic violence incidents not to be reported?
 5. Is there a tendency for domestic violence incidents not to be recorded and classified as reported crime?
 6. Do women have lower levels of confidence in reporting incidents of domestic violence to the authorities?
 7. Do particular minorities, or people living in particular geographic areas have lower levels of access to law enforcement authorities?
 8. If yes, specify which:
 9. Is it likely that this would distort what is known about the levels of armed violence among this group?
 10. Do particular minorities, or people living in particular geographic areas have lower levels of trust in law enforcement authorities?
 11. If yes, specify which:
 12. Is it likely that this would distort what is known about the levels of armed violence among this group?
 13. Are there any parallel structures apart from formal governmental institutions that respond to armed violence incidents by carrying out law enforcement functions?
 14. If yes, are any records they may keep which are or should be integrated into broader systems for gathering data on armed violence?
 15. Does the data that is compiled at the national level draw on uniform practices in recording crime data across the country?
 16. Are there variations in the quality of data generated by law enforcement authorities in different parts of the country?
 17. If yes, what are the reasons for these variations?
 18. Are there policy guidelines as to what kind of records to keep?
 19. If yes, are they clear?
 20. Are there policy guidelines on how to compile information and store it?
 21. If yes, are they clear?
 22. Are there clear procedures for passing information up to the national level?
 23. If yes, what are they and how well do they function?

- 
24. Are there any legal or procedural restrictions on who can receive police data on crime?
 25. Are there examples of policy changes being made on the basis of recommendations or reports compiled from crime data?
 26. Are there structures in place for evaluating data-gathering systems?
 27. Do policymakers and other stakeholders have the opportunity to suggest improvements to the systems for data-gathering?
 28. Is data on crime processed manually or electronically (i.e. entered at some point into an electronic database)?
 29. [If electronic] Who enters records of crimes onto the database?
 30. [If electronic] What software is used to process data?
 31. Do police stations and offices which process data have the equipment – particularly computers, record keeping forms, constant electricity etc to collect and handle data in the way they would like?
 32. What is the cost of the record-keeping system per year?
 33. Are there adequate finances available to keep the record system that is required by government policy?
 34. In your opinion, could the current system be improved?
 35. If yes, please state how.
 36. If yes, please estimate what the costs of making these improvements to the system would be.
 37. Do officials always fill out forms for records in full?
 38. Do they have adequate time to do so?
 39. Do staff recognise the importance of the information that can be gathered through filling in forms?
 40. Are more staff needed to maintain and improve the existing level of data-gathering?

Monitoring armed violence through the judicial system

1. What data gathering systems are in place to monitor, for each type of crime, rates of:
 - Prosecution in court?
 - Conviction?
2. Does the system for monitoring prosecutions and convictions allow any of the following types of analysis to be made:
 - How many of the total number of each type of crime (for example, murder cases) involved small arms and light weapons?
 - Which gender is most often victim or perpetrator;
 - Which age group is most often victim or perpetrator;
 - Whether crimes are more or less common among low-income, ethnic, refugee or other groups;
 - What type of weapon was most commonly used for each different type of crime;



- How many crimes were the result of different kinds of incident (dispute, theft, suicide, domestic violence, civil disturbance etc);
 - In which areas/regions/municipalities firearms-related crimes are most common;
 - In what type of location crimes are most likely to take place (home, workplace, school etc);
 - At what time of day/week/month/year crimes are most likely to occur;
 - What the variations are in the types of crime occurring in different areas;
 - What the variations are in the rates of prosecution and conviction for different areas/regions/municipalities;
 - Whether incidence of firearms related crime is linked to the abuse of particular substances (alcohol, marijuana etc).
3. Are there any parallel structures apart from formal governmental judicial institutions in which firearms-related cases are dealt with?
 4. If yes, are any records they may keep which are or should be integrated into broader systems for gathering data on armed violence?
 5. Does the data that is compiled at the national level draw on uniform practices in recording court data across the country?
 6. Are there variations in the quality of data generated by courts in different parts of the country?
 7. If yes, what are the reasons for these variations?
 8. Are there policy guidelines as to what kind of records to keep?
 9. If yes, are they clear?
 10. Are there policy guidelines on how to compile information and store it?
 11. If yes, are they clear?
 12. Are there clear procedures for passing information up to the national level?
 13. If yes, what are they and how well do they function?
 14. Are there examples of policy changes being made on the basis of recommendations or reports compiled from court data?
 15. Are there structures in place for evaluating data-gathering systems?
 16. Do policymakers and other stakeholders have the opportunity to suggest improvements to the systems for data-gathering?
 17. Is data from court records processed manually or electronically (i.e. entered at some point into an electronic database)?
 18. [If electronic] Does the court itself process records onto the database?
 19. [If electronic] What software is used to process court data?
 20. Do courts or offices handling court data have the equipment – particularly computers, record keeping forms, constant electricity etc to collect and handle data in the way they would like?



21. What is the cost of the record-keeping system per year?
22. Are there adequate finances available to keep the record system that is required by government policy?
23. In your opinion, could the current system be improved?
24. If yes, please state how.
25. If yes, please estimate what the costs of making these improvements to the system would be.
26. Do staff always fill out forms for records in full?
27. Do they have adequate time to do so?
28. Do staff recognise the importance of the information that can be gathered through court records?
29. Are more staff needed to maintain and improve the existing level of data-gathering?



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72 Intentional self-harm by handgun discharge
 73 Intentional self-harm by rifle, shotgun and larger firearm discharge
 74 Intentional self-harm by other and unspecified firearm discharge
 75 Intentional self-harm by explosive material
 93 Assault by handgun discharge
 94 Assault by rifle, shotgun and larger firearm discharge
 95 Assault by other and unspecified firearm discharge
 96 Assault by explosive material
 02 Handgun discharge, undetermined intent
 03 Rifle, shotgun and larger firearm discharge, undetermined intent
 04 Other and unspecified firearm discharge, undetermined intent
 05 Contact with explosive material, undetermined intent
 50 Legal intervention involving firearm discharge
 Legal intervention with: machine gun, revolver, rifle pellet or rubber
 pellet
 51 Legal intervention involving explosives
 Legal intervention with: dynamite, explosive shell, grenade, mortar bomb
 65 Operations of war
 Includes: injuries to military personnel and civilians caused by war and civil
 urrection
 Y36.0 War operations involving explosion of marine weapons
 Y36.2 War operations involving other explosions and fragments
 Y36.4 War operations involving firearm discharge or other forms of
 conventional warfare Y36.8 War operations occurring after cessation of
 hostilities



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