LANDMINE VICTIM ASSISTANCE IN SOUTH EAST EUROPE

Final Study Report

by

Sheree Bailey

HANDICAP INTERNATIONAL
BELGIUM

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This report was produced by Handicap International Belgium in collaboration with the Landmine Monitor research network in South East Europe

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Cover photo: Mine survivors and their families in Vlahan, Albania

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EXECUTIVE SUMMARY

Introduction

The extensive use of landmines in armed conflicts in South East Europe during the 1990s and early 2000s has caused casualties in Albania, Bosnia and Herzegovina, Croatia, FYR Macedonia, Serbia and Montenegro, and the province of Kosovo. The exact number of casualties, either killed or injured, is not known. However, based on available data, it is known that landmine survivors number in the thousands in the region.

Previously available research indicated that countries in the region had facilities and services that could assist landmine survivors. Nevertheless, no detailed study had been made to ascertain whether these facilities/services were accessible to landmine survivors, or whether these facilities/services had the capacity to comprehensively address the needs of mine victims. Both the Reay Group and the International Trust Fund for Demining and Mine Victims Assistance (ITF) identified the need for more detailed knowledge on the gaps in mine victim assistance in the region.

In December 2002, Handicap International Belgium, in cooperation with the International Campaign to Ban Landmines' (ICBL) Landmine Monitor research network, began a research project on behalf of the Reay Group, which was funded through the ITF by Canada and the US State Department. The principal benefit of the study is that it will provide the ITF, donors, and service providers, with a clearer picture of the state of victim assistance in South East Europe. The information obtained for the study is as comprehensive as possible; however, it is not exhaustive. Nevertheless, the study is a starting point that should encourage relevant actors, including government authorities, donors, and local and international program implementers, to share information, to make informed decisions on where to direct resources, or to develop new initiatives, that will promote the complete care, rehabilitation and reintegration of landmine survivors. The study will also identify opportunities for regional cooperation in the development of a sustainable assistance capacity.

The Mine Ban Treaty Standing Committee on Victim Assistance and Socio-Economic Reintegration promotes a comprehensive integrated approach to victim assistance that rests on a three-tiered definition of a landmine victim. This means that a mine victim includes directly affected individuals, their families, and mine-affected communities. Consequently, victim assistance is viewed as a wide range of activities that benefit individuals, families and communities. However, for the purposes of this study the focus was on services and facilities that address the care and rehabilitation of those individuals who have suffered physical injury from landmines.

While the focus of the study is on landmine victims, it looked at facilities and services provided by both government and non government agencies that assist not only mine casualties but the population generally, including other persons with disabilities. Landmine survivors were not viewed as a group separate from other war victims or persons with disabilities, as assistance programs should be developed within the framework of disability in general.

Countries/areas included in the study:

- Albania
- Bosnia and Herzegovina
- Croatia
- Former Yugoslav Republic of Macedonia (FYR)

- Serbia and Montenegro
  - Province of Kosovo
- Slovenia

Study Objectives:

The study objectives are to:

- Present a clearer picture of the number of landmine survivors in the region
- Identify services/facilities for landmine survivors in the region
- Determine the capacity of existing services/facilities to address the needs of landmine survivors
- Identify challenges/gaps in providing landmine victim assistance in the region
- Identify opportunities for regional cooperation in victim assistance
- Provide an analysis and data for States, donors, and victim assistance practitioners to improve the effectiveness and reach of victim assistance programming responses.

Methodology:

Through country-specific research the study documented existing victim assistance capacities in several countries in South East Europe. The study focused on the key components of landmine victim assistance and priority issues as identified by the actors in the field and the Standing Committee on Victim Assistance and Socio-Economic Reintegration: -

- Landmine Casualties and Data Collection
- Emergency and Continuing Medical Care
- Physical Rehabilitation (including prosthetics/orthotics)
- Psycho-social Support
- Vocational Training and Economic Reintegration
- Capacity Building
- Disability policy and practice
- Coordination and Planning

Landmine Monitor country researchers conducted initial investigations which were followed up with field visits by the project coordinator during the period 10 February to 3 May 2003 to Croatia, Albania, Bosnia and Herzegovina, Serbia and Montenegro, Kosovo, and FYR Macedonia. The project coordinator is responsible for this final report.

The research tools included:

- questionnaires
- interviews with relevant Ministries, service providers, and landmine survivors
- field visits to hospitals and rehabilitation facilities
- the five annual Landmine Monitor Reports
- a review of relevant reports and documents

Overview

Landmine Casualties and Data Collection

New mine casualties continue to be reported in Albania, Bosnia and Herzegovina, Croatia, FYR Macedonia, and Serbia and Montenegro and the province of Kosovo, adding to the number of mine survivors in the region needing assistance. A mechanism for mine casualty data collection has been implemented in each country; however, the reported number of casualties is not comprehensive and the number of mine survivors in the refugee population is not known.

Reported Mine/UXO Casualties[1]

	Total	Killed	Survivors	Unknown
Albania	241	20	221	
Bosnia and Herzegovina	4,801	928	3,873	
Croatia	1,848	414	1,373	61
FYR Macedonia	220	35	185	
Serbia and Montenegro	142	30	57	55
Province of Kosovo	472	100	372	
Total	**7,724**	**1,527**	**6,081**	**116**

According to a survey by Landmine Survivors Network, only 18 percent of mine survivors are psychologically and physically well, and self sustainable; 82 percent need continuous follow-up and support.

Emergency and Continuing Medical Care

In the past, the countries of the former Yugoslavia reportedly had well-developed health care infrastructures. However, years of armed conflict, sanctions and difficult socio-economic conditions have impacted on the quality of care available. For example, in Bosnia and Herzegovina between 35 and 50 percent of the health infrastructure was destroyed during the war. Generally, over the past few years the situation appears to be improving with the reconstruction and rehabilitation of facilities in the region. Most mine casualties can reach medical assistance in a reasonable period of time and have access to facilities that provide for their basic medical needs.

While this is encouraging, problems remain. The most common concern raised by health care professionals in the facilities visited was the lack of resources available from the public health budget, due to the economic situation. This lack of resources can result in an inability to obtain equipment and supplies, to repair the physical infrastructure, and to provide adequate training of health care professionals.

The provision of health care facilities for persons with disabilities, including mine survivors, is included within general public health budgets. It is an unfortunate fact that in countries with limited public health resources, available funds tend to be directed towards primary health care with little left over for specialized care. The United Nations Committee on Economic, Social and Cultural Rights, has noted that persons with disabilities relate "to a group of people whose health care needs are worst met by the health care services."[2]

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[1] The statistics for each country cover different time periods – Albania (1999-2002), Bosnia and Herzegovina (1992-14 August 2003), Croatia (1991-2002), FYR Macedonia (1965-March 2003), Serbia and Montenegro (1997-February 2003), and Kosovo (June 1999-December 2002).

[2] Aart Hendriks, *The Rights to Health*, 1 European Journal of Health Law, No. 2 187 (1994) (reporting on the General Day of Discussion on the Right to Health held at the United Nations in Geneva in 1993).

Another concern expressed was that because of high levels of poverty in the region, mine survivors requiring continuing medical assistance often do not have the resources to travel to the hospital, or to buy medicines.

The situation in Albania highlights the potential problems faced by mine victims in accessing medical care. The mine-affected areas in the north-east are particularly affected by high levels of poverty. The public health infrastructure is run-down and lacks basic equipment. For example, most hospitals do not have electricity 24 hours a day and the main regional hospital in Kukës lacks x-ray and laboratory equipment and monitors for trauma patients. The hospital has a budget of only $1 per day per patient to provide medical care.

Physical Rehabilitation (including prosthetics/orthotics)

Bosnia and Herzegovina, Croatia, FYR Macedonia, and Serbia and Montenegro, reportedly have well-developed facilities for physical rehabilitation with networks of rehabilitation centers and prosthetic workshops. Nevertheless, some concerns were raised about the quality of care available. Another area of concern is the low level of training of prosthetic technicians. For example, Croatia has about 150 members in the national society for prosthetists and orthotists but less than half of that number has internationally recognized qualifications. In Albania, none of the six technicians at the National Prosthetic Center has internationally recognized qualifications. There also appears to be gaps in the level of training of physiotherapists, particularly in Albania and Kosovo, where rehabilitation services are reportedly poor. There is also a lack of occupational therapists and psychologists to work with mine survivors and other people with disabilities. It should be noted that generally doctors of physical medicine and rehabilitation appear to have high levels of experience and expertise.

A concern expressed in all countries in the region is the high cost of prostheses and assistive devices. In Albania, the orthopedic workshop is dependant on the ICRC for the supply of raw materials for the production of prostheses. In Kosovo, Handicap International provides materials to the center. The cost of an artificial limb is prohibitive for some mine survivors even though part of the cost could be covered by the health insurance system.

Access to facilities was also identified as a problem, particularly in Albania. Although the prosthetic workshop is only around 200 kilometers from the mine-affected areas, it takes more than five hours to travel this distance by road, which makes access difficult for mine survivors and their families.

Since 1998, 600 mine survivors from Albania, Bosnia and Herzegovina, Kosovo, and FYR Macedonia, have been rehabilitated and fitted with prostheses at the Institute for Rehabilitation in Ljubljana, Slovenia. Reportedly, many others were also rehabilitated abroad in countries such as Denmark, Germany and the United States, and at facilities in neighboring countries including Serbia and Montenegro. Several rehabilitation service providers interviewed questioned sending mine survivors abroad when facilities are available in-country, as it raised expectations and undermined confidence in local facilities. While the facilities abroad are without doubt excellent, this type of activity does nothing to establish or maintain sustainable rehabilitation and prosthetic facilities in the mine-affected country and there appears to be a need for resources to be directed towards training and support of facilities within some affected countries.

Furthermore, specialists in prosthetics stressed the need to inform the international community that sending second-hand prostheses or poor quality components to mine-affected countries was not an appropriate form of assistance.

Psycho-social Support

Appropriate psycho-social support has the potential to make a significant difference in the lives of mine victims and other persons with disabilities as it can provide the support and encouragement necessary to adjust to their situation. Psycho-social support is available in most mine-affected areas; however, some programs have closed or report constraints on their activities due to a lack of funding. There is also reportedly a need to raise awareness on the rights and needs of persons with disabilities in an effort to reduce the barriers faced in their social and economic reintegration.

Local NGOs continue to work closely with mine survivors and other persons with disabilities to provide psycho-social support. Handicap International is working in the region to strengthen disability associations and build capacity.

Sport and related activities have been recognized as a positive form of physical and social rehabilitation and for raising awareness on disability issues; particularly in Bosnia and Herzegovina, Croatia and Kosovo.

Mine survivors interviewed spoke of the benefits of being able to meet and socialize with others in a similar situation.

Vocational Training and Economic Reintegration

All the countries in the region are experiencing high rates of unemployment, some as high as 50 percent or more, which exacerbates the problem of finding suitable employment for mine survivors and other persons with disabilities. It would appear that there are very few opportunities for mine survivors to receive vocational training or access employment or other income generating activities. Landmine Survivors Network' statistics in BiH reveal that 31 percent of mine survivors regard the lack of employment opportunities and economic reintegration as their main concern. One mine survivor interviewed for this study suggested that finding employment was the best form of psychological support available.

In Albania and in Bosnia and Herzegovina, new income-generation projects for landmine survivors started in 2003.

Vocational training and economic reintegration is an area which requires some creative thinking on the part of program implementers and donors to build and develop sustainable economic activities in mine-affected areas that would benefit not only the mine survivors but their communities.

Capacity Building

Since 1998, the ITF has facilitated rehabilitation training in Slovenia for 278 health care specialists from the region. In other programs, in Kosovo for example, prosthetic technicians are being trained on-the-job and some are receiving advanced training abroad. In the Federation of Bosnia and Herzegovina, the Ministry of Health is co-operating with the Center for International Rehabilitation on a distance learning project for prosthetic technicians. Progress is also being made in the area of training for physiotherapists. In Kosovo, a new 3-year degree course in physiotherapy began at the University of Priština in September 2002 which will contribute to alleviating the shortage of physiotherapists.

Queen's University International Center for Advancement of Community Based Rehabilitation continues to provide training opportunities in Bosnia and Herzegovina and Kosovo.

Although progress is being reported in the area of training of rehabilitation specialists, more is needed. Quality of care and sustainability of services is more likely to be achieved with well-trained practitioners.

Disability policy and practice

Legislation to protect the rights of mine survivors and other persons with disabilities and to provide social assistance is available in every country across the region. However, due to the economic situation it would appear that there are insufficient resources to fully implement the provisions of the legislation. Pensions are reportedly inadequate to maintain a reasonable standard of living. In addition, there is no equality between benefits available to civilians and to military personnel with war-related injuries.

Coordination and Planning

Some form of coordination and planning is underway in each country in region, either specifically related to mine victims or as part of a wider strategy for health care or disability issues.

In Albania, the Albanian Mines Action Executive (AMAE) has appointed an MRE and victim assistance officer to coordinate activities and develop a plan of action for addressing the needs of mine survivors.

In Bosnia and Herzegovina, the Mine Action Center plans to establish a mine victim assistance coordination group to develop a plan of action.

In Croatia, the Ministry of Foreign Affairs' Ambassador for Mine Action works closely with the Croatian Mine Victims Association to build capacity, develop new programs, raise funds for projects, and to raise awareness of the needs of mine survivors.

In Serbia, the Mine Action Center plans to expand its activities in 2003 to include programs to assist mine survivors and their families.

National strategies on poverty reduction are being developed in Albania, Bosnia and Herzegovina, and FYR Macedonia which include recommendations on improvements to the health care and social welfare systems.

In Croatia, the government approved a new national strategy for 2002-2006 aimed at improving the quality of life of persons with disabilities, without distinction to the cause of the disability.

In Kosovo, the Ministry of Health appointed an officer for physical medicine and rehabilitation, who is working with Handicap International, to strengthen the rehabilitation sector.

Challenges/gaps in landmine victim assistance

Landmine victim assistance, as with assistance for all persons with disabilities, is more than just a medical and rehabilitation issue; it is also a human rights issue. Until this is recognized and addressed people with a disability will continue to face significant barriers to their social and economic reintegration. The ultimate goal of assistance to landmine victims should be their complete rehabilitation and reintegration into the wider community. The government has principal responsibility for providing assistance as part of their country's overall public health and social services system; however, due to poor economic conditions in the region international assistance continues to be needed to fulfil these obligations. In South East Europe, as in all mine-affected countries, this goal cannot be achieved without sufficient financial and human resources.

The ITF annual report for 2002 states that, "Mine Victim Assistance programs are still grossly under-funded." Since 1998, the ITF has provided just over $5 million for victim assistance programs in South East Europe. Although this is commendable, to the end of 2002, the ITF has never been able to reach its target of 15 percent of total mine action funding allocated to victim assistance. In fact, the percentage has been declining since

1999 from 8.4 percent, to 6.4 percent in 2000, 5.4 percent in 2001 and to a new low of 4.4 percent in 2002. Over this period, only 11 of the 24 donor-countries to the ITF have earmarked their contributions to victim assistance. It can only be speculated what benefits could have been experienced in the lives of the thousands of mine survivors in the region if the target of 15 percent was consistently achieved. Instead, it would appear that many donors have lost interest in the region and some programs that could have assisted mine survivors have closed due to the absence of funding.

While some progress is being made, there is still much work to be done. Most countries in the region are experiencing similar problems, though to varying degrees, and there are several key issues/challenges that need to be addressed to ensure that the growing number of mine survivors receive adequate and appropriate assistance. These include:

- Facilitating access to appropriate health care and rehabilitation facilities
- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness on the rights and needs of persons with disabilities
- Establishing an effective social welfare system and legislation to protect the rights of all persons with disabilities, including mine victims
- Obtaining sufficient funding to support programs and coordination of donor support
- Supporting local NGOs and agencies to ensure sustainability of programs

Opportunities for regional cooperation

Everyone interviewed for this study was asked if they saw any potential for regional cooperation on the issue of mine victim assistance. Almost without exception, the answer was yes. Surgeons, doctors, prosthetic technicians, local NGOs providing psycho-social support, and mine survivors, all saw benefits in meeting with their peers in their own country and across the region to share experiences and exchange best practices, skills, and ideas to improve assistance to mine survivors. At the government level there was also interest in cooperation and the exchange of experiences.

The Third ISPO [International Society for Prosthetics and Orthotics] Central and Eastern European Conference, held in Croatia in October 2002, is an example of regional cooperation as rehabilitation specialists from around the region, attended the conference and shared experiences and current practices in rehabilitation.

Established training facilities and programs for rehabilitation specialists exist in the region. There are opportunities for more cooperation in this area while capacities are developed in-country.

On the level of program development and donor funding, regional cooperation, or coordination, could limit the risk of duplication and facilitate the allocation of limited resources to the areas of greatest need.

Furthermore, the experiences of the region could be shared with other mine-affected regions to facilitate the development of sustainable assistance programs.

One of the key recommendations that came out of a workshop on victim assistance hosted by the ITF in July 2002 was to:

- Promote communication among all actors involved in mine victim assistance: these actors include the relevant government ministries, non-government organizations, international agencies, donors, and most importantly, landmine survivors themselves.

Cooperation on any level that promotes adequate and appropriate assistance will benefit not only mine survivors but all persons with disability in the region.

REPUBLIC OF ALBANIA[1]

Background

In 1946, the People's Republic of Albania was proclaimed. Two years later the country broke off relations with the Socialist Federal Republic of Yugoslavia (SFRY) and allied itself with Stalin's USSR, and later with China. The 1992 elections ended 47 years

[1] Research for Albania focuses on facilities in the mine-affected areas in the north-east of the country, and the capital, Tirana, where the only specialized facilities are located. Details on facilities available for persons with disabilities in other parts of the country, including for survivors from the "hotspots," was beyond the capacity of this project. For more information see Handicap International, *Landmine Victim Assistance World Report 2002*, Handicap International, Lyon, December 2002, pp. 264–268.

of communist rule. However, political and economic instability nearly caused the collapse of the new democracy, and many Albanians left the country in search of work. When NATO bombed Yugoslavia in spring 1999, nearly half a million ethnic Albanian refugees from Kosovo spilled over the border into neighboring Albania.

Since the end of the Kosovo crisis it would appear that some donors have lost interest and many NGOs, who potentially could have assisted mine survivors, have left due to a lack of funding.

Scale of the Landmine Problem[2]

The existing mine problem in Albania derives from two sources. During civil unrest and looting in early 1997, explosions in 15 ammunition depots killed civilians and contaminated surrounding areas with UXO; these areas were termed "hotspots." During the unrest mines and other weaponry were stolen from military storage sites.

The second source was the 1998/1999 conflict in Kosovo which led to the Albanian border area being contaminated with antipersonnel and antivehicle mines and unexploded ordnance (UXO) of Serbian, Kosovo Liberation Army (KLA), and NATO origin. A total of 85 contaminated areas have been identified, in the districts of Tropojë, Has, and Kukës, totaling 1,400 hectares (14 million square meters) of land. Contamination is reported of some 120 kilometers of border up to 400 meters into Albania, as well as some isolated munition impact areas up to 20 kilometers beyond the border. The contaminated areas are mainly forest, agricultural and grazing areas, with villages and frequently used routes for travel over the border into Kosovo. Albania's Mine Ban Treaty Article 7 transparency report submitted on 30 April 2003 provides detailed information on the mined areas in the north, their size and priority, together with maps.[3]

The Albanian Mine Action Committee (AMAC) was formed in October 1999 as the policy-making body for mine action, with responsibility for obtaining funding and assistance, and prioritizing mine action. The Albanian Mine Action Executive (AMAE) was established at the same time to carry out mine action under AMAC direction, including producing a mine action program, accreditation and quality assurance of all mine action (to UN standards), survey and marking, investigation of all mine-related accidents/incidents, and data-gathering. In April 2002, the United Nations Development Program (UNDP) started a two-year project to strengthen the capacity of AMAC and AMAE.[4] The AMAE has offices in Tirana and Kukës.

Although the mine/UXO contamination is concentrated in the north-east of the country it causes a serious socioeconomic impact on this region. The north and north-east regions are among the poorest in Albania, with more than 20 percent of the population living in extreme poverty; 46 percent of Albania's poor are found in seven of the country's 26 districts, including Kukës, Has, and Tropojë.[5] In May 2002, it was reported that the mines and UXO were posing not only a physical threat, but also having "a major impact on the already harsh lives of those who live in the affected areas.… Nearly 120,000 people, mostly living in abject poverty, whose livelihood depends on farming, herding, gathering firewood and other subsistence activities and also obtaining essential supplies across the

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2 For more details see International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, New York, August 2002, pp. 52–53.

3 Article 7 Report, Form C, 30 April 2003, available at http://disarmament.un.org:8080/MineBan.nsf.

4 For more details see International Campaign to Ban Landmines, *Landmine Monitor Report 2003*, Human Rights Watch, New York, August 2003.

5 Council of Ministers, "Progress Report for Implementation 2002, Objectives and Long Term Vision of the NSSED, Priority Action Plan 2003," Republic of Albania, Tirana, 8 May 2003.

border, are profoundly affected by the presence of mines and UXO."[6] When a member of the family is unable to work for any reason this places an additional economic burden on the whole family. In the north-east 70-80 percent of families are dependent on social assistance which amounts to around US$30 per month.[7]

In January 2002, the government reported that "There has been some limited success in the area of Victim Assistance although this has largely centered on the provision of prosthesis to mines victims.… There is currently very limited capability for support to families of victims, counselling or retraining of victims."[8]

Landmine/UXO Casualties and Data Collection[9]

Between 1999 and 2002, a total of 241 new mine/UXO casualties were recorded in north-eastern Albania: 20 people were killed and 221 injured. Due to the remoteness of some mine-affected areas, and the fact that some incidents may go unreported, the actual number of casualties is expected to be higher.[10]

Landmine/UXO/Cluster Munition Casualties 1999-2002

	Total	Killed	Injured
1999	191	12	179
2000	35	4	31
2001	8	2	6
2002	7	2	5
Total	241	20	221

The group most affected by mine casualties is men of working age. Of the total casualties, 221 are men and 20 are women. Children under the age of 18 accounted for 69 of the casualties (29 percent), 99 were 19-39 years-of-age (41 percent), 30 were aged 40-60 years (12 percent), seven were aged over 60 years (3 percent), and the age of 36 was unknown (15 percent). Nineteen casualties (8 percent) were military personnel while 222 casualties were civilians.

Of those injured in mine/UXO incidents, injuries sustained include at least 45 amputations of a foot, 30 below-knee amputations, 15 above-knee amputations, and 12 upper limb amputations. At least 11 survivors suffered fragmentation injuries to the eyes, four received fragmentation injuries to the lower body and legs, and one suffered fragmentation injuries to the upper body and arms.[11]

Antipersonnel mines were the cause of 219 casualties, 16 by UXO, three by cluster munitions, one by an antivehicle mine, and the cause of two casualties is unknown. The location of mine incidents causing casualties included Kukës 30, Tropojë 97, Has 110, and Koçovë four.

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6 "The Albanian Mine Action Program," presentation to the Standing Committee on Mine Clearance, Mine Risk Education and Mine Action Technologies, Geneva, 28 May 2002.

7 Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.

8 Article 7 Report, Form J, 3 April 2002, available at http://disarmament.un.org:8080/MineBan.nsf.

9 Information in this section from statistics compiled by the ICRC, in collaboration with the Albanian Red Cross and the AMAE, February 2003, unless otherwise stated.

10 Claude Tardif, Ortho-Prosthetist, "Physical Rehabilitation Program Review: Albania," ICRC Geneva, 24-28 March 2003, p. 2.

11 Specific details of injuries are not available for all mine survivors.

In December 2002, two Albanian farmers were killed in a cluster munition explosion while grazing cattle on the Kosovo side of the border.[12]

Casualties continue to be reported in 2003. In January a young man lost his leg in a UXO incident while grazing cattle.[13] And on 9 July, a 22-year-old man was seriously injured after stepping on a landmine, and his three companions were treated for shock.[14]

A record of landmine and UXO incidents/casualties is maintained by AMAE, using the Information Management System for Mine Action (IMSMA). Data is collected with the support of the Albanian Red Cross and the local NGO, Association of Mine & Weapon Victims (VMA), through anti-mine committees and mine risk education programs: 39 villages in the mine-affected area are covered by this network.[15]

Comprehensive information on the number of people killed or injured by mines and UXO in the so-called "hotspots" in other parts of Albania since 1997 is not known as these areas do not fall within the mandate of AMAE. However, there are believed to be as many as 200 people still waiting for treatment for injuries sustained.[16] According to military sources, between 31 March 1997 and December 1998, 60 people were killed and 114 injured in these areas.[17] In 2000, several children in the eastern town of Peshkopi in the district of Dibra were severely injured and one child was killed.[18] In July 2001, one civilian was killed at Ura e Gjadrit, and in November, two young boys were seriously injured at Suç in the district of Burrel in "hotspots."[19]

Emergency and Continuing Medical Care

State facilities provide medical aid and treatment; however, the health infrastructure in the mine-affected areas is inadequate for the treatment and rehabilitation of mine/UXO casualties.[20] The health infrastructure is run-down and lacks basic equipment. Most hospitals do not have electricity 24 hours a day and lack equipment and supplies to treat patients.[21] After the first intervention mine survivors are sent to specialized facilities if needed, either in Tirana or abroad. Although Tirana is only about 200 kilometers from the mine-affected areas, it takes more than five hours to travel this distance by road, which makes access to specialized facilities difficult for mine survivors and their families. The government acknowledges that accessibility to health care services is problematic.[22]

The main specialized facility is the Central University Military Hospital in Tirana. The hospital has three departments: the Military Hospital, the Military Research Institute,

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[12] Information provided by Dr Veri Dogjani, Mine Awareness and Victim Assistance Officer, AMAE, Tirana, 28 February 2003. These two casualties were recorded by the UNMIK OKPCC in Kosovo.

[13] Information provided by Dr Veri Dogjani, AMAE, Tirana, 28 February 2003.

[14] Swiss Demining Federation, "The Swiss Foundation for Mine Action (FSD) rescues a mine victim in Albania on 9 Jul 2003," Press Release, 14 July 2003, available at www.reliefweb.int

[15] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.

[16] Ibid.

[17] International Campaign to Ban Landmines, *Landmine Monitor Report 1999*, Human Rights Watch, New York, April 1999, p. 703.

[18] International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, p. 566.

[19] *Landmine Monitor Report 2002*, p. 59.

[20] Report of the Albania National Mine Action Planning Workshop, Tirana 17-18 June 2002.

[21] Interviews with Dr Mark Nufi, Director, Kukës Hospital, and Dr Behar Kastrati, Kruma Hospital, 25 February 2003.

[22] Council of Ministers, "Progress Report for Implementation 2002, Objectives and Long Term Vision of the NSSED, Priority Action Plan 2003," Republic of Albania, Tirana, 8 May 2003; see also Hermine De Soto, Peter Gordon, Ilir Gedeshi, and Zamira Sinoimeri, "Poverty in Albania: A Qualitative Assessment," World Bank Technical Paper No. 520, March 2002, pp. 68–73.

and the National Trauma Center. In the past, Handicap International provided the Central University Military Hospital with orthopedic surgical equipment.[23]

In 1999, in response to the refugee crisis, the ICRC provided surgical supplies and medicines to district hospitals and a medical post in northern Albania. A Red Cross helicopter evacuated 71 war-wounded people, including some mine casualties, from Bajram Curri and Tropojë districts to the Military Hospital in Tirana.[24]

In the mine-affected area, each village has a nurse to serve the health needs of 800-1,000 people. Since 1991, about 80 percent of first aid centers have not been operative; therefore patients are often treated at the nurse's home. The villages are far from health centers, sometimes five to 20 kilometers, and bad roads and lack of transport means that it can take between 30 minutes and two hours to reach the nearest hospital. The lack of means of communication exacerbates the problems. In some communes, there is a shortage of doctors. Doctors are only paid about US$100-120 per month.[25]

The Kukës regional hospital has 236 beds including 33 for surgical patients, and one operating theater. The hospital employs 26 doctors and 90 nurses; there are no physiotherapists, psychologists or social workers. Two full-time and one part-time surgeon are employed, including one orthopedic surgeon. Up until January 2003, the hospital only had electricity for ten hours a day; between the hours of 5-8 am and 4-11 pm. Under new arrangements with the electricity company a more regular service had been promised. A generator is available for emergency surgery. The hospital building was renovated with support from the German Red Cross; however, problems with the new roof have resulted in severe water damage inside the hospital. The hospital lacks X-ray and laboratory equipment, and monitors for trauma patients. The hospital has an annual budget of $100,000 to cover logistics. Patient care is budgeted at about $1 per patient per day. Patients must pay for their own drugs and medicines. The hospital sometimes supports patients who cannot afford to pay; this practice has resulted in the hospital being about $60-70,000 in debt to the drug companies.[26]

There are also hospitals at the district level. For example, Kruma has a 42-bed hospital to serve 20,000 people in the Has district. The hospital employs six doctors and 20 nurses. There is an emergency room with very basic equipment but no intensive care unit. Mine casualties can receive initial treatment at the hospital but more serious cases are transferred to Kukës. The hospital has one functioning X-Ray machine that is 40-years-old. The hospital has electricity for about ten hours a day. A generator is available but is only used in emergencies because of the cost. The hospital building was renovated in 1999 with funding provided by the European Commission Humanitarian Office (ECHO) and Children's Aid.[27]

The mine clearance teams have the capacity to provide emergency first aid and evacuation of mine casualties if required. All teams have a medic (who is often a qualified doctor) and a driver with a fully equipped Land Rover. Deminers are all trained in first aid.[28] In a recent incident on 9 July 2003, the Swiss Foundation for Mine Action (FSD) assisted a young man who had stepped on a mine. His three friends had been taking the seriously injured man to hospital over 20 kilometers away, in a horse and cart. The group came upon the mine clearance team who were immediately able to assist. After receiving

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[23] Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003, p. 6.
[24] ICRC Special Report, "Mine Action 1999," ICRC, Geneva, August 2000, p. 33.
[25] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.
[26] Interview with Dr Mark Nufi, Director, Kukës Hospital, Kukës, 25 February 2003.
[27] Interview with Dr Behar Kastrati, Kruma Hospital, Kruma, 25 February 2003.
[28] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.

first aid, the mine survivor was transported at speed in the FSD Land Rover and was at the hospital within 25 minutes. However, the hospital was not equipped to deal with the severity of the injuries. In order to save the young man's foot he was evacuated by helicopter, with the support of Italian and German KFOR troops, to the Priština Hospital in Kosovo. Within another hour, the survivor was receiving the specialized care he needed.[29]

Physical Rehabilitation (including prosthetics/orthotics)

Physical rehabilitation is very limited as there are no rehabilitation centers in the mine-affected area. There are only three physiotherapists at the National Trauma Hospital in Tirana; all are medical doctors who received a special nine-month training program. Physiotherapy appears to be unavailable in the mine-affected areas.[30] There are reportedly 12 other physiotherapists in Albania who were trained in vocational high schools.[31]

The National Prosthetic Center (NPC) in Tirana, established in 1952, is the only facility providing lower limb prostheses and other orthopedic devices to the physically disabled in Albania. There is no capacity to produce upper limb prostheses. The Center is located at the National Trauma Center within the Central University Military Hospital, and is under the responsibility of the Ministry of Defense. The services are available to civilians as well as military personnel. All services are free-of-charge, except for wheelchairs and crutches which the patient must pay for, if required. The running costs, including salaries, of the center are covered by the National Trauma Center; however, due to the economic situation there is no budget to cover the provision of material and components. The NPC has received no financial support from the government for the purchase of raw materials since 1996. In 1998, a joint collaboration between the Military Hospital and the Swiss Red Cross (SRC) began, with the SRC providing materials and components for the production of artificial limbs until December 2000. Since January 2001, the ICRC has provided technical assistance and materials. In the past, support was also provided by the international NGOs, Handicap International and ProVictimis.[32]

From July 1998 to January 2000, the NPC was renovated and refurbished, under the supervision of Handicap International and funded by ECHO, at a cost of approximately US$420,000.[33]

The NPC employs six prosthetic technicians and three shoemakers. None of the technicians have received formal training. The director of the center is an orthopedic surgeon and very highly qualified. There are no physiotherapists; the technicians provide amputees with gait training. Technicians are paid $95-100 per month. The NPC has the capacity to assist about 350 people per year, including 120 new patients.[34]

In addition to the supply of components, the ICRC has been providing financial assistance to mine survivors since 2000. The ICRC covers all the costs of transport, accommodation and a daily allowance for mine survivors and one relative during the

[29] Swiss Demining Federation, "The Swiss Foundation for Mine Action (FSD) rescues a mine victim in Albania on 9 Jul 2003," Press Release, 14 July 2003, available at www.reliefweb.int

[30] Interview with Dr Veri Dogjani, Mine Awareness and Victim Assistance Officer, AMAE, Tirana, 24 February 2003.

[31] Interview with Merita Myftari, Project Coordinator, Handicap International, Tirana, 28 February 2003.

[32] Interview with Dr Harun Iljazi, Director, National Prosthetic Center, Tirana, 27 February 2003.

[33] International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, New York, August 2001, p. 602.

[34] Interview with Dr Harun Iljazi, Director, National Prosthetic Center, Tirana, 27 February 2003; Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003, p. 8.

period needed for fitting an artificial limb at the NPC in Tirana.[35] The ICRC also provided leather for the production of orthopedic shoes for mine survivors.[36]

In 2001, the NPC fitted 184 prostheses, of which 83 were for mine/UXO survivors, and in 2002, the center produced 168 prostheses, of which 71 were for mine survivors.[37] The majority of mine survivors assisted at the NPC are reportedly those injured in the "hotspots."[38]

On 28 November 2000, a two-year agreement was signed between AMAC and the International Trust Fund for Demining and Mine Victims Assistance (ITF) to collaborate on mine victim assistance. The ITF allocated approximately $100,000 (as part of the two-year agreement) for victim assistance programs in Albania, which included support for the fitting of prostheses and rehabilitation for mine survivors at the Institute for Rehabilitation in Slovenia.[39] To the end of 2002, 52 mine survivors have been rehabilitated in Slovenia; another 30 were assessed and will be brought to the Institute in 2003.[40]

There is no capacity in the mine-affected areas to assist the mine survivors, including several children, who are sight-impaired as a result of their injuries.[41]

International assistance is crucial for building a strong and sustainable rehabilitation capacity in Albania; however, assistance must be appropriate for the needs. In 1998 and 1999, the NPC received old prostheses from the United Kingdom and the Netherlands, valued at about $235,000. This type of assistance is not appropriate as the prosthetic socket must be made to suit the individual, and as the prostheses were old many of the components could not be recycled. The old prostheses fill a storeroom at the NPC. In another donation, an Italian company sent a shipment of prosthetic feet in 1998. The feet are still in use but the quality is poor and the feet are not suited to the conditions, only lasting about two months before breaking.[42]

Psycho-Social Support

The local NGO, Association of Mine & Weapons Victims (VMA), provides psycho-social support for mine survivors and their families. In 2002, 25 mine survivors, or the children of survivors, received training in English or drawing. As of February 2003, VMA had 161 survivors registered as members; membership is free-of-charge. VMA is lobbying of behalf of survivors with the government and with donors.[43]

Between January and May 2001, the Albanian Red Cross, the American Red Cross and CARE distributed food parcels to 226 mine survivors and their families.[44]

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[35] Interview with Dr Harun Iljazi, Director, National Prosthetic Center, Tirana, 27 February 2003; Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003; p. 3.

[36] *Landmine Monitor Report 2002*, p. 60.

[37] Interview with Dr Harun Iljazi, Director, National Prosthetic Center, Tirana, 27 February 2003; Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003, p. 7.

[38] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.

[39] *Landmine Monitor Report 2002*, p. 60.

[40] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23 and 32.

[41] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003.

[42] Interview with Dr Harun Iljazi, Director, National Prosthetic Center, Tirana, 27 February 2003; Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003, p. 6.

[43] Interview with Jonuz Kola, Executive Director, Association of Mine & Weapon Victims, Kukes, 25 February 2003.

[44] International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, New York, August 2001, p. 602.

Vocational Training and Economic Reintegration

The possibilities for employment and economic integration of mine survivors are limited, particularly as many are from farming and agricultural communities. In Kukës, the unemployment rate is about 40 percent.[45]

The VMA is working with AMAE to develop income-generation projects. A new project is due to start in September 2003, with the support of the ITF. The income-generation project will assist forty households each year over a three-year period with community-based vocational training and interest free loans to establish income generating activities. Loans will enable beneficiaries to purchase cows, goats, chickens or beehives or develop other agricultural activities.[46]

In April to November 2001, the ICRC provided US$5,500 for the "Shoemaker" project initiated by the Albanian Red Cross. In the project, 12 mine survivors from the districts of Has and Kukës were taught how to make shoes.[47]

Capacity Building

Albania suffers from a lack of appropriately trained medical personnel, with many leaving rural areas for more comfortable positions in major cities, or leaving the profession due to low wages.[48] There are limited opportunities for on-going skills training of health care providers in the mine-affected region. Generally, it is the doctors who train the nurses. In the past, doctors were entitled to a refresher course in Tirana every five years. However, since 1990 this practice has virtually stopped due to the lack of resources.[49]

Albania does not have a prosthetic and orthotic school to train technicians. As previously mentioned, none of the prosthetic/orthotic technicians at the NPC have received formal training qualifications. All have received on-the-job training, including from an expatriate working with the SRC who was based in Tirana for a short time. As part of an Albanian/Turkish government assistance agreement, one technician received training in Turkey. Technicians also accompany amputees who are sent to the Institute of Rehabilitation in Slovenia where they actively participate in the fitting and rehabilitation process under the supervision of Institute staff. In April 2001, the ICRC provided two weeks prosthetic training to the director and six technicians from the NPC at Otto Bock in Italy.[50] The ICRC also funded rehabilitation training for the NPC staff in June-July 2001 in Slovenia.[51]

Queen's University's International Center for the Advancement of Community Based Rehabilitation reportedly developed a specialized one-year curriculum for training physiotherapists; however, no information was available on the current status of this program.

The ICRC has stressed the importance of developing national capacities in physical rehabilitation to benefit all persons with disabilities including mine survivors.[52]

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[45] Hermine De Soto, Peter Gordon, Ilir Gedeshi, and Zamira Sinoimeri, "Poverty in Albania: A Qualitative Assessment," World Bank Technical Paper No. 520, March 2002, p. 108.

[46] Emails from Jonuz Kola, Executive Director, Association of Mine & Weapon Victims, Kukes, 18 July and 11 August 2003.

[47] *Landmine Monitor Report 2001*, p. 602; and *Landmine Monitor Report 2002*, p. 60.

[48] Hermine De Soto, Peter Gordon, Ilir Gedeshi, and Zamira Sinoimeri, "Poverty in Albania: A Qualitative Assessment," World Bank Technical Paper No. 520, March 2002, pp. 68–70.

[49] Interview with Dr Mark Nufi, Director, Kukës Hospital, Kukës, 25 February 2003.

[50] Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003, p. 9.

[51] *Landmine Monitor Report 2002*, p. 60; and International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[52] Claude Tardif, "Albania," ICRC Geneva, 24-28 March 2003.

The AMAE plan for victim assistance includes the training of three doctors in advanced surgical techniques in Slovenia. The doctors would be based at the regional hospital in Kukës to serve the three mine-affected districts. Training in the production of upper limb prostheses is also planned for the technicians from the NPC, and training for six doctors/nurses in basic physiotherapy.[53]

Disability Policy and Practice

According to the US State Department, persons with disabilities in Albania experience discrimination in employment, education, and other state services, and widespread poverty and poor medical care pose significant problems. Although eligible for various forms of public assistance, budgetary constraints greatly limited the amounts received.[54]

The Ministry of Labor and Social Affairs is responsible for issues relating to all persons with disabilities, including mine survivors.

Mine survivors are entitled to the same rights as all persons with disabilities in Albania. People who become disabled as a result of injury are entitled to disability payments that are paid at a rate of 85 percent of average earnings. However, very few mine survivors are eligible for the monthly payment as they were not employed at the time of being injured. For the majority of people in the mine-affected areas their livelihood is based on working their own land.[55]

A one-year pension is available to people injured in the performance of their duties, such as border policeman or soldiers marking minefields.

There is no statutory obligation to provide prostheses to amputees.

There are two other laws providing *Ndihme Ekonomike* (economic assistance) to persons with disabilities in Albania. The 1993 Law 7710 provides for cash assistance to poor families with an inadequate income or a disabled family member. Law 8008 provides for cash assistance to persons with disabilities. In 1998, the amount of economic assistance was set at L6,437 (about US$55) per month for a family of six. However, the full provisions of the laws have reportedly not been fully implemented. The average monthly payment is reportedly about L3,200 (US$27) per month. The economic assistance provided is insufficient to meet the daily needs of families.[56]

Employment legislation in Albania stipulates that one in 25 employees be a person with a disability; however, this is reportedly never enforced, even in State institutions.[57]

Handicap International's current program in Albania is focusing on capacity building of local disability organizations to promote better interaction, raise awareness of disability issues, improve legislation and existing services, and contribute to the social integration of disabled persons.[58]

Coordination and Planning

Although not directly related to the landmine problem, in November 2001, the government launched its Poverty Reduction Strategy Paper, or the National Strategy for

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[53] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003; and Article 7 Report, Form J, 30 April 2003, available at http://disarmament.un.org:8080/MineBan.nsf.

[54] Bureau of Democracy, Human Rights, and Labor, "Country Reports on Human Rights Practices 2002: Albania," US Department of State, Washington, 31 March 2003.

[55] Interview with Dr Veri Dogjani, Mine Awareness and Victim Assistance Officer, AMAE, Tirana, 24 February 2003.

[56] Hermine De Soto, Peter Gordon, Ilir Gedeshi, and Zamira Sinoimeri, "Poverty in Albania: A Qualitative Assessment," World Bank Technical Paper No. 520, March 2002, pp. 35–36.

[57] Interview with Merita Myftari, Project Coordinator, Handicap International, Tirana, 28 February 2003.

[58] Ibid.

Socio-Economic Development (NSSED) as it is known in Albania. Once fully implemented, and the goals achieved, it will have benefits for mine survivors and other persons with disabilities in the country. The 10-year health care strategy includes improvements to emergency, ambulatory and hospital services, the supply of equipment and medicine, and the training of doctors and nurses. Public expenditure on the health care sector will be increased from 2.7 percent of GDP in 2002 to 3.2 percent of GDP by 2006. In the period 2003-2006, the government aims to provide for the needs of all health centers at the commune level, and 50 percent of the needs of clinics for every village, by constructing or rehabilitating facilities and ensuring adequate staff levels. The strategy also includes plans to improve coverage of economic assistance to vulnerable groups, including the disabled. Progress to date has been limited by a lack of resources.[59]

In 2002, AMAE appointed a medical doctor from the Kukës region as their mine risk education and victim assistance officer to coordinate activities and develop a plan of action for addressing the needs of mine survivors. The plan includes building local capacities in trauma surgery and rehabilitation, and developing a micro-financing scheme for the economic reintegration of mine survivors. The aim is to ensure a sustainable victim assistance capacity in Albania by 2005.[60]

Key Challenges in Providing Adequate Assistance in Albania

- Facilitating access to appropriate health care and rehabilitation facilities
- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness of the rights and needs of persons with disabilities
- Establishing an effective social welfare system and legislation to protect the rights of mine survivors and other persons with disabilities
- Obtaining sufficient funding to support programs
- Supporting local NGOs and agencies to ensure sustainability of programs

[59] Council of Ministers, "Progress Report for Implementation 2002, Objectives and Long Term Vision of the NSSED, Priority Action Plan 2003," Republic of Albania, Tirana, 8 May 2003.

[60] Interview with Arben Braha, Director, AMAE, and Jab Swart, Chief Technical Advisor, Mine Action Program UNDP Albania, Tirana, 24 February 2003; and Article 7 Report, Form J, 30 April 2003, available at http://disarmament.un.org:8080/MineBan.nsf

BOSNIA AND HERZEGOVINA (BiH)

Map No. 3729 Rev. 3 UNITED NATIONS
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Background[1]

In March 1992, Bosnia and Herzegovina (BiH) declared its independence from the Socialist Federal Republic of Yugoslavia (SFRY). Days later, fighting broke out and led to a war lasting over three and a half years. Armed hostilities officially ended in December 1995. During this period, nearly three million people were displaced and over 250,000

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1 International Campaign to Ban Landmines, *Landmine Monitor Report 1999*, Human Rights Watch, New York, April 1999, pp. 550–552.

were reported dead or missing. The war destroyed families, communities, infrastructure, and left the country littered with landmines and unexploded ordnance (UXO).

In March and May 1994, a peace agreement was mediated between the warring Bosnian Croats and the government of Bosnia and Herzegovina, and signed in Washington and Vienna. The Washington Agreement created the Federation of Bosnia and Herzegovina. Under the agreement, the combined territory held by the Croat and Bosniak forces was divided into ten autonomous cantons. The cantonal system was selected to prevent dominance by one ethnic group over another.

The General Framework for Peace in Bosnia and Herzegovina (also known as the Dayton Agreement) was signed on 14 December 1995. This agreement officially ended the war and, among other things, recognized that the country was comprised of two entities – the Federation of Bosnia and Herzegovina (FBiH) and Republika Srpska (RS).

To oversee treaty implementation, an Implementation Force (IFOR) of 60,000 troops led by the North Atlantic Treaty Organization (NATO) arrived in the country in early 1996. In December 1996, IFOR's duties were handed over to the NATO-led multinational Stabilization Force (SFOR). Currently, there are about 12,000 SFOR troops stationed in the country.[2]

The population of BiH is estimated to be around 3.8 million people; almost one fifth (19.5 percent) live below the poverty line (less than $2 per person per day).[3] It is reported that more than 13,000 people have permanent physical disabilities as a result of the war.[4]

According to Landmine Survivors Network in BiH, only about 250 mine/UXO survivors, out of 1,370 people in their database, do not need any support – 18 percent are psychologically and physically well, and self sustainable. The other 82 percent of survivors need continuous follow-up and support.[5]

Scale of the Landmine Problem[6]

BiH has been described as "still the most heavily mine affected country in the region of South-Eastern Europe." In May 2003, the suspected area contaminated by mines and UXO was estimated as 2,089.9 square kilometers, which is about four percent of the total area of BiH. As of 26 February 2003, the BiH Mine Action Center (BHMAC) had recorded 18,280 minefields.

During the 1991-1995 war, Brcko District, the demilitarized autonomous region of BiH, formed the narrowest point of a supply corridor from Serbia to Republika Srpska, which made it the scene of heavy fighting and has left it as "one of the most heavily mine contaminated areas of the entire BiH." BHMAC reports that the mine/UXO suspected areas cover about 12 percent of Brcko, as compared to 1.6 percent of RS and 6 percent of the FBiH.

A nationwide Landmine Impact Survey (LIS), implemented by the Survey Action Center (SAC) through Handicap International, began in October 2002, and is expected to be completed in October 2003. The LIS aims to provide quantifiable, standardized data on the impact of landmines and UXO on communities based on socio-economic indicators.

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2 SFOR Fact Sheet, January 2003, available at www.nato.int/sfor

3 UN Office for the Coordination of Humanitarian Affairs (OCHA), "Humanitarian situation and action in 2003," 31 December 2002; and "Development Strategy BiH – PRSP: Second Draft for Public Discussion," Sarajevo, 30 May 2003.

4 Dr Goran Čerkez, FBiH Minister of Health, "Bosnia and Herzegovina: mine victims assistance," presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

5 Email from Plamenko Priganica, Director, Landmine Survivors Network in BiH, 18 August 2003.

6 For details see International Campaign to Ban Landmines, *Landmine Monitor Report 2003*, Human Rights Watch, New York, August 2003.

At the national level, the BiH Demining Commission is the central body for demining activities, with responsibility for implementing the long-term task of mine clearance in BiH. The Commission is located within the Ministry of Civil Affairs and Communication, and is responsible to this ministry for its work. The BiH Mine Action Center (BHMAC) is the technical service of the Demining Commission, established by the BiH Council of Ministers. BHMAC has offices in Banja Luka and Sarajevo.[7]

Landmine/UXO Casualties and Data Collection[8]

The International Committee of the Red Cross (ICRC) has maintained a database on mine/UXO casualties in BiH since 1996. Working with the local Red Cross mine awareness network in FBiH and RS, data is obtained from hospitals, local authorities, police stations, the media, and other organizations involved in mine action. All mine survivors or the families of those killed are visited and a standard questionnaire is completed. The database is maintained in Sarajevo and provides up-to-date information on landmine and UXO incidents. Monthly reports are sent to organizations such as the BHMAC, UNHCR, SFOR, and NGOs providing mine victim assistance. In the past, information on mine/UXO casualties has been used by donors and project implementers to make direct connections with qualified mine survivors to run their projects.[9] Data on mine casualties during the war years, 1992-1995, is included in the database; however, it has not been possible to validate this data and it is likely to be incomplete.[10]

As of 14 August 2003, the ICRC database contained information on 4,801 landmine/UXO casualties since 1992, of which 928 were killed and 3,873 injured. Between 1996 and 2002 the mine incident rate fell from an average of 52 casualties per month to four casualties per month.

Landmine and UXO Casualties – 1992 to 14 August 2003

Year				FBiH			RS		
	Total	Killed	Injured	Total	Killed	Injured	Total	Killed	Injured
1992-1995	3,346	525	2,821	1,508			1,838		
1996	632	110	522	481	67	414	151	43	108
1997	290	88	202	216	62	154	74	26	48
1998	149	60	89	80	30	50	69	30	39
1999	95	38	57	40	14	26	55	24	31
2000	100	35	65	65	21	44	35	14	21
2001	87	32	55	61	24	37	26	8	18
2002	72	26	46	52	17	35	20	9	11
2003-to 14/8	30	14	16	21	9	12	8	4	4
After the war	1,455	402	1,052	1,016	244	772	438	158	280
Total	4,801	928	3,873	2,524			2,276		

[7] For more information see International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, New York, August 2002, pp. 117–118.

[8] Unless otherwise stated information from Mine Victim Statistics: Bosnia and Herzegovina, fax from Michele Blatti, Cooperation Delegate, ICRC, Sarajevo, 13 August 2003; and email from Michele Blatti, 14 August 2003.

[9] *Landmine Monitor Report 2002*, p. 127.

[10] Interview with Mustafa Sarajlić, Mine Awareness Assistant, ICRC, Sarajevo, 26 March, 2003.

From 1996 to the end of 2002, of the 1,425 mine/UXO casualties, 1,277 (89.6 percent) were civilians; 90.5 percent were males. Landmines were the cause of 886 casualties (62.2 percent).[11]

The population is, in many cases, aware of the existence of mines and the danger they pose, but all do not practice safe behavior mainly due to the economic necessity of cultivating the land, although other factors also come into play. The ICRC conducted a "Knowledge, Attitude, Practice (KAP) Survey" in 2002 on its mine awareness program. The survey indicated that 84 percent of foresters/wood collectors and 55 percent of returnees would continue carrying out dangerous activities for work or survival, despite knowing the risks.[12] In 2002, 41.6 percent of mine/UXO casualties had knowledge of the danger of mines.[13]

The statistics indicate that local residents of mine-affected areas, rather than internally displaced persons or returning refugees, record the highest number of casualties. Since 1996, 70.6 percent of mine/UXO casualties were local residents. However, in 2003 returnees represented the majority of casualties. In an incident on 10 March 2003, five members of one family were killed in northern Bosnia after the son stepped on a landmine while clearing a field. The family had recently returned to their village after fleeing during the war.[14]

Rural males aged 19-39 years are most likely to fall victim to mines, accounting for 39.9 percent of reported casualties. The ICRC's ongoing data collection also indicates that children, despite preventive measures, continue to fall victim to landmines and UXO in BiH. Since 1996, children under the age of 18 accounted for 21.4 percent of mine/UXO casualties.

Number of mine/UXO casualties by age group – 1996 to 14 August 2003

Age group	Total	1996	1997	1998	1999	2000	2001	2002	2003
Children (0-18)	312	151	55	22	19	29	12	19	5
Adults (19-39)	580	256	118	56	39	40	36	26	9
Adults (40-60)	390	156	84	44	25	24	23	22	12
Adults (over 60)	109	40	20	17	10	7	7	5	3
Unknown	64	29	13	10	2	0	9	0	1

An analysis of the type of injury sustained indicates that from 1992 to August 2003, there were 1,002 below-knee amputations, 290 above-knee amputations, 635 foot amputations, 350 upper limb amputations, 411 eye injuries, 1,293 fragmentation injuries to the upper body and arms, and 1,417 cases of fragmentation injuries to the lower body and legs, with some individuals sustaining multiple types of injury.

[11] Mine Victim Statistics: Bosnia and Herzegovina, email from Michele Blatti, Cooperation Delegate, ICRC, Sarajevo, 27 February 2003.

[12] "Detailed Slide Handouts Mine Awareness Briefing," ICRC, Sarajevo, 15 July 2003, provided in email from Michele Blatti, Cooperation Delegate, ICRC, Sarajevo, 14 August 2003.

[13] Mine Victim Statistics: Bosnia and Herzegovina, email from Michele Blatti, Cooperation Delegate, ICRC, Sarajevo, 27 February 2003.

[14] "Land mine kills five members of a Bosnian family," *Associated Press*, 10 March 2003.

Location of mine/UXO casualties by canton/region – 1992 to 14 August 2003[15]

	Number of Casualties
Birac region	406
Bosnian Podrinje canton	153
Central Bosnia canton	365
Doboj region	514
East Herzegovina region	124
Herzeg Bosnia canton	53
Herzegovina Neretvian canton	110
Krajina region	188
Mrkonjic Grad region	88
Old Herzegovina region	267
Posavina region	29
Prijedor region	97
Sarajevo canton	336
Sarajevo-Romanija region	252
Semberija, Majevica, Posavina region	340
Tuzla canton	363
Una Sana canton	678
Western Herzegovina canton	26
Zenica Doboj canton	411
Unknown	1
Total	4,801

Emergency and Continuing Medical Care[16]

In BiH between 35 and 50 percent of the health infrastructure was destroyed during the war. In 2001, it was reported that the health care infrastructure is inadequate to meet the needs of the population, due in part to a lack of facilities, equipment, medication and essential funds.[17] According to the UNDP, BiH continues to need international assistance and cooperation in health care.[18]

There are four university clinical centers, in Sarajevo, Banja Luka, Mostar and Tuzla, which carry out all types of medical treatments, and a network of general hospitals in major towns, and a public health center in every municipality. General hospitals do not treat complicated cases which are sent to the clinical centers. Blood transfusion centers are located in all general hospitals. First aid posts are located in all health centers throughout the country; however there is a lack of well-equipped emergency cars and ambulances. It can reportedly take up to three hours for an emergency vehicle to arrive on-site after

[15] Mine Victim Statistics: Bosnia and Herzegovina, fax from Michele Blatti, Cooperation Delegate, ICRC, Sarajevo, 13 August 2003; and email from Michele Blatti, 27 February 2003.

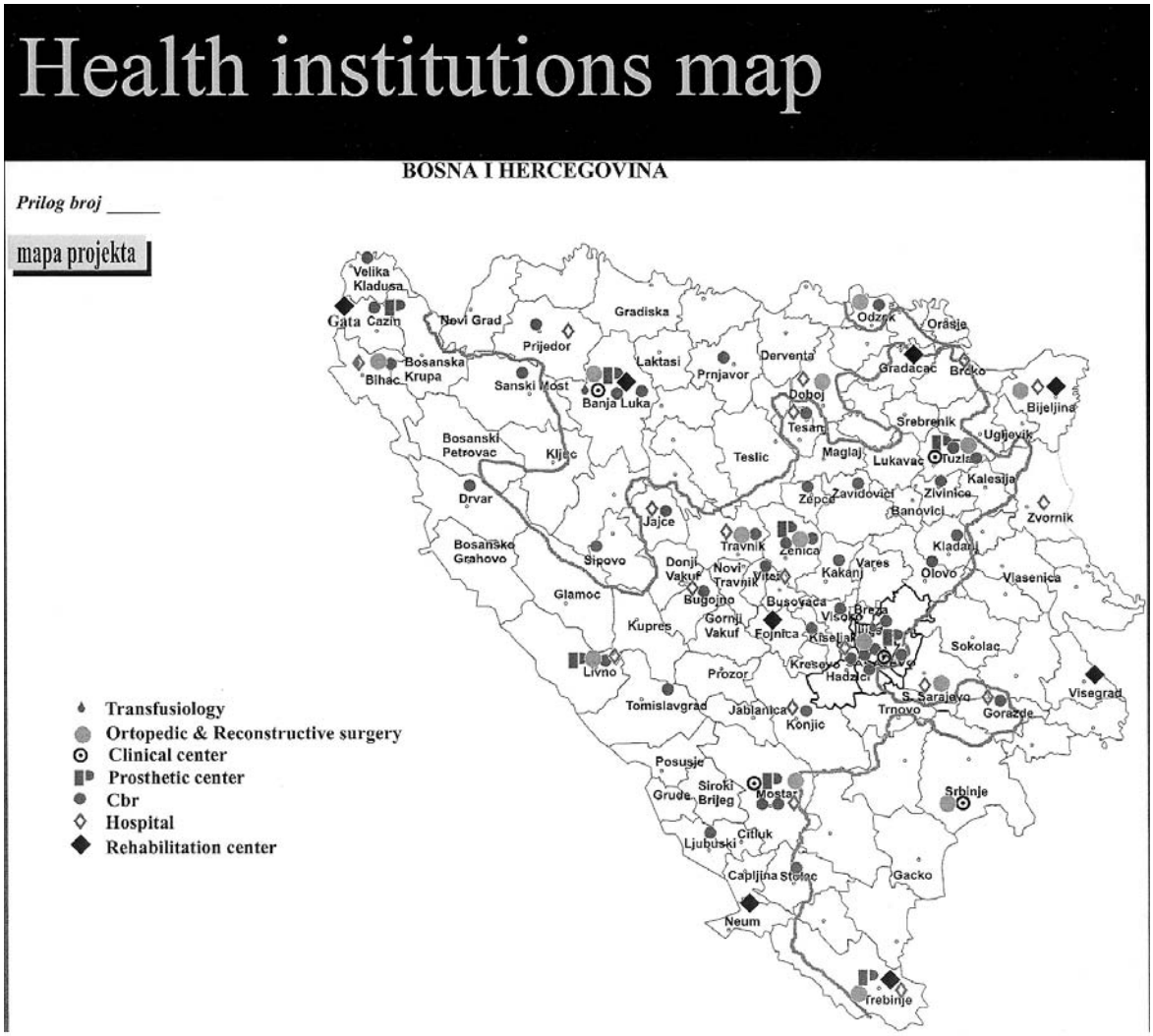
[16] Dr Goran Čerkez, FBiH Minister of Health, "Bosnia and Herzegovina: mine victims assistance," presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002; see also International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, pp. 603–604.

[17] UNHCR, "Health Care in Bosnia and Herzegovina in the Context of the Return of Refugees and Displaced Persons," UNHCR, Sarajevo, July 2001.

[18] UNDP, "Bosnia and Herzegovina: Human Development Report 2002," Sarajevo, p. 60.

receiving a call.[19] Between 1998 and 2002, the ICRC worked with local communities to improve the standard of primary health care as part of a "healthy cities" program which included refurbishment of the physical infrastructure.[20]

The World Bank, War Victims Rehabilitation Project, supported improvements in the availability and quality of orthopedic and reconstructive (O&R) surgical services in three clinical centers and four general hospitals.[21]



Physical Rehabilitation (including prosthetics/orthotics)

In FBiH, there are 38 Community Based Rehabilitation (CBR) centers for physical rehabilitation located throughout the Federation, funded through the FBiH Medical Fund. The medical personnel in the centers are reportedly highly qualified. Victims of the war, including mine survivors, are treated free of charge.[22]

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[19] UNHCR, "Health Care in Bosnia and Herzegovina in the Context of the Return of Refugees and Displaced Persons," UNHCR, Sarajevo, July 2001.

[20] Interview with Michele Blatti, Cooperation Delegate and Mustafa Sarajlic, Mine Awareness Assistant, ICRC, Sarajevo, 26 March, 2003.

[21] "War Victims Rehabilitation Project," World Bank Reconstruction and Development Program in Bosnia and Herzegovina, Progress Update, May 2001, p. 41.

[22] Letter from Dr Goran Čerkez, FBiH Minister of Health, 17 April 2003.

Under the War Victims Rehabilitation Project, the World Bank supported the opening of the CBR centers (CBR) in BiH. The project, completed in December 1999 at a cost of $30 million, included the rehabilitation of facilities and provision of equipment, essential drugs and supplies, and training and technical assistance for physiotherapy, occupational therapy, and psycho-social rehabilitation.[23] The basic requirements for the CBR centers are a minimum of 150-200m^2 of space, one doctor of physical medicine and rehabilitation, a nurse, a physiotherapist, an occupational therapist, and a psychologist, and basic equipment. The CBR concept has met with partial success including the establishment of an interdisciplinary team approach to rehabilitation; however, full success reportedly requires a change in societal attitudes to persons with disabilities, reform of the health sector, and on-going training of health care professionals and beneficiaries.[24]

In late August 2002, a joint Canadian/Japanese project commenced in RS, which will refurbish, supply with equipment, and train the staff of 16 CBR centers, and build and equip one new center. The Canadian International Development Agency (CIDA) will contribute about $955,000 to the project, while the Japanese International Cooperation Agency (JICA) contribution will be approximately $8 million. Reconstruction of the CBR centers commenced in January 2003 and is due for completion by December 2004.[25] On completion of the project, there will be 22 CBR centers established in RS.[26]

It has been estimated that there are 7,000 amputees in BiH.[27] As previously noted, since 1992 among landmine/UXO casualties there have been 1,002 below-knee amputations, 290 above-knee amputations, 635 foot amputations, and 350 upper limb amputations. In BiH, there are eight prosthetic centers: six in FBiH (Sarajevo, Cazin, Livno, Mostar, Tuzla and Zenica) and two in RS (Banja Luka and Trebinje);[28] however, the standards of facilities and quality of care is said to vary dramatically across BiH. The average distance between amputees and a limb-fitting center is 100-150 kilometers. A study conducted in July and August 2001 suggested that with adequate resources, good quality prostheses can be fitted by competent prosthetic technicians in a reasonable period of time.[29]

Since 2001, all the prosthetic centers use imported prosthetic components of good quality from Otto Bock, one of the leading producers of orthopedic material in the world. Otto Bock has an office in Sarajevo, and according to LSN, about 60 percent of amputees are satisfied with the quality of their prosthesis.[30] The high cost of prostheses and other assistive devices, reportedly limits the government's ability to meet the needs of mine survivors and other amputees.[31]

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[23] "War Victims Rehabilitation Project," World Bank Reconstruction and Development Program in Bosnia and Herzegovina, Progress Update, May 2001, p. 41.

[24] Professor Božo Ljubić, Professor Nadežda Zjuzin, Dr Zdravko Trolić, and Dr Goran Čerkez, "Community Based Rehabilitation (CBR): A Modern and Efficient War Victims Rehabilitation Concept," presentation to the Third ISPO Central and Eastern European Conference, Dubrovnik, 23-25 October 2002.

[25] Email from Michèle Monette, Information Officer, Communications Branch, Canadian International Development Agency, 13 January 2003.

[26] Letter from Dr Martin Kvaternik, RS Ministry of Health and Social Welfare, Banja Luka, 20 February 2003.

[27] *Landmine Monitor Report 1999*, p. 567.

[28] Dr Goran Čerkez, FBiH Minister of Health, "Bosnia and Herzegovina: mine victims assistance," presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

[29] Final Report on the MOPS Research Phase, EdaS (Elegant Design and Solutions), 9 October 2001, p. 8–9. According to information provided in this study, there are 15 limb-fitting centers in BiH; the seven other centers are believed to be privately owned.

[30] *Landmine Monitor Report 2002*, p. 126.

[31] Letter from Dr Goran Čerkez, FBiH Minister of Health, 17 April 2003.

Since 1998, 501 mine survivors have been fitted with prostheses and rehabilitated at the Institute for Rehabilitation in Slovenia, including 83 in 2002.[32]

The International Trust Fund for Demining and Mine Victims Assistance (ITF) is currently funding a project with Adopt-A-Minefield and Elegant Designs and Solutions for the development of low-cost high quality prostheses for use in RS. Successful mechanical trials of the limb have been carried out at Queen's University in Canada.[33]

Only one workshop in Ilidza is producing wheelchairs. Crutches and special pressure-support pillows have to be imported from abroad.[34]

In 2001/2002, the Rotary Club of Sarajevo sponsored a project, with the Rotary Foundation and the German Rotary Club of Rottaler-Baderdreieck, to provide prostheses and trauma therapy to child landmine survivors. Over 15 months, the $60,900 project provided 23 children with artificial limbs, and 17 others with rehabilitation services. An additional 109 children were identified, medically assessed, and recommended for assistance.[35]

According to statistics from the ICRC, 411 people suffered eye injuries in landmine incidents. The Banja Luka Association for the Blind's membership includes 57 mine/UXO survivors. However, it would appear that little is being done to address the needs of visually-impaired survivors. It has been reported that there are only two guide dogs in BiH.[36]

During the short visit to BiH it was not possible to visit all the physical rehabilitation facilities available. The following two examples give an indication of services available to landmine survivors and other people with disabilities.

The Polyclinic for Physical Therapy and Rehabilitation in Tuzla provides outpatient physical rehabilitation to around 360 people a day. Medical staff includes six doctors, 20 physiotherapists, one occupational therapist, three nurses, and two psychiatrists. The clinic is one of the largest in FBiH and is funded by the Ministry of Health. Some patients pay a small fee for services; others are covered by the health insurance fund. According to the Director, the clinic is well equipped but patients would benefit from new technologies. The problems experienced by their patients include lack of transport to reach the clinic, lack of money to buy prostheses if needed, lack of money in the family, prequalification for employment, and depression/stress.[37]

The "Dr Miroslav Zotović" Institute for Physical Medicine and Rehabilitation in Banja Luka is a referral center for RS with 210 beds for in-patients but also assists 300 outpatients each day. The Institute employs 235 people, of which 138 are medical staff including 24 doctors, 51 nurses, 40 physiotherapists, ten occupational therapists, a social worker, a psychologist, a speech therapist, six prosthetic/orthotic technicians, two special education teachers, an x-ray technician and a laboratory technician. The Institute was established in 1952 and is housed in a 130 year-old monastery which was adapted for use as a hospital. It has five departments: rehabilitation of amputees and post-traumatic conditions, including a surgical ward for orthopedic and corrective surgery; rehabilitation of neurological disorders and diseases; rehabilitation and education of children and youth including a primary school; rehabilitation for rheumatological diseases; and a department

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[32] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[33] Email from Megan Burke, Program Manager, Adopt-A-Minefield, New York, 28 August 2003; and email from Sabina Beber, International Trust Fund for Demining and Mine Victims Assistance, 18 June 2003.

[34] *Landmine Monitor Report 2002*, p. 126.

[35] "Bosnian landmine victims receive prostheses and therapy," dated 18 December 2002, available at www.reliefweb.int (accessed 15 January 2003).

[36] Final Report on the MOPS Research Phase, EdaS (Elegant Design and Solutions), 9 October 2001, p. 11.

[37] Interview with Dr Ešref Bećirović, Director, Polyclinic for Physical Therapy and Rehabilitation, Tuzla, 3 April 2003.

for diagnostic and therapy and orthopedic aids. A team of experts works with each patient to facilitate their rehabilitation. In the past, Handicap International established an orthosis workshop and provided equipment and training for technicians. The Austrian Red Cross supported about 40 landmine survivors who were rehabilitated and fitted with prostheses, through the donation of equipment and materials. Medical staff participate in on-going skills training whenever it is available either abroad or on-site. Training has been provided in Sarajevo, Ljubljana, Belgrade, Lyon, and on-site by Queen's University.[38]

The Institute for Prosthetics is located on the same site but is managed independently. The "Dr Miroslav Zotović" Institute also has two other locations; Banja Slatina Spa which is 12 kilometers from Banja Luka and offers hydrotherapy at a thermal spring; and an emergency and outpatients clinic in the center of Banja Luka. All facilities are under the responsibility of the RS Ministry of Health. The health insurance fund only covers the cost of 140 beds; all service for landmine survivors and other war victims are covered. There is a lack of financial resources to pay for repairs or the upgrading of equipment. However, all health facilities reportedly have the same problem.[39]

Psycho-Social Support

Psycho-social support in BiH is reportedly inadequate and one of the main issues raised by many people interviewed during the course of this research was the lack of understanding among the general population of the rights and needs of persons with disabilities. In FBiH, there are 38 CBR centers located throughout the Federation for psycho-social rehabilitation, funded through the FBiH Medical Fund. Victims of the war, including mine survivors, are treated free of charge.[40]

The Jesuit Refugee Service (JRS) has been active in BiH since 1998 and runs an assistance program for children injured during and after the war, and another program for elderly mine survivors. Based in Sarajevo, the program for children provides medical assistance, rehabilitation, and material, psycho-social and legal support. In 2002, 186 children, including 75 mine survivors, benefited from the program. In 2001, 173 children benefited from 916 home visits, the provision of 34 prostheses, and a summer camp for 27 children. JRS has more than 300 child mine survivors registered in their database. The program for elderly mine survivors, covering the Sarajevo canton, Middle Bosnia, Una Sana and Banja Luka region, assisted 86 people in 2002, including 28 mine survivors, providing medicines, prostheses, and rehabilitation treatments; 32 people were assisted in 2001. The programs are supported by RENOVABIS (Germany), CORDAID, JRS funds, and since March 2003, UNICEF.[41]

Landmine Survivors Network (LSN) has been active in BiH since 1997. By 2003, their program has expanded to 12 community-based Outreach Workers based in 12 heavily mine-affected regions of the country: Sarajevo, Tuzla, Doboj, Doboj East, Banja Luka, Mostar, Bugojno, Trebinje, Bijeljina, Velika Kladusa, and Bihac, and Gorazde (started January 2003). The outreach workers, who are also amputees, visit mine survivors, and other disabled persons, assess their needs, offer psychological and social support, and educate families about the effects of limb loss. Up to August 2003, LSN has interviewed 1,370 survivors. LSN links individual survivors and their families to existing services and

[38] Interview with Dr Dudica Papić, Director, "Dr Miroslav Zotović" Institute for Physical Medicine and Rehabilitation, Banja Luka, 1 April 2003.
[39] Ibid.
[40] Letter from Dr Goran Čerkez, FBiH Minister of Health, 17 April 2003.
[41] Interview with Danijel Koraca, Program Manager, Jesuit Refugee Service, Sarajevo, 26 March 2003; JRS responses to Landmine Monitor Survivor Assistance Questionnaires, 30 January 2003; JRS, "Annual Report for Mine Victims Assistance Program 2002," dated 23 December 2002; and *Landmine Monitor Report 2002*, p. 127.

tracks their progress toward recovery and reintegration. LSN also provides direct material support to survivors through covering the cost of prostheses, vocational training, house repairs or emergency food aid, if necessary. In 2002, 242 people received direct assistance; about 90 percent of those assisted are mine survivors. LSN organizes an annual sitting volleyball tournament, the Princess Diana Memorial Tournament, at the end of August each year to raise awareness of disability issues and commemorate Diana's visit to BiH in 1997. LSN also publishes a national directory of organizations providing care and rehabilitation services in BiH. The directory is also available on the Internet.[42]

The International Rescue Committee (IRC) has been working in BiH since 1995 and conducts programs for persons with disabilities, including mine survivors, in Konjic, Prozor, Banja Luka, Tuzla and Sarajevo. In Banja Luka, Tuzla and Sarajevo, the IRC program focused on raising awareness of issues relating to disability by conducting a mass media campaign, organizing seminars, and encouraging mine survivors to participate in sports events. The IRC is also working with the Center for Integration of Persons with Disabilities (CIOO) in Tuzla, started in 1998 by former employees, to raise awareness and advocate for the rights of all persons with disabilities. The program in Banja Luka closed in September 2002 due to a lack of funding.[43]

Another Tuzla-based local NGO advocating for the rights of people with disabilities is the Information Center for Disabled People "Lotos."

The NGO, Hope 87, in Sarajevo provides medical treatment, psycho-social support and vocational training in computer skills and languages for about 200 mine survivors and other victims of the war. In 2002, prostheses were also provided for 15 mine survivors. The Austrian Ministry of Foreign Affairs is funding the program.[44]

The Canadian-based International Children's Institute, in cooperation with the Ministries of Health and Education, is developing a program to provide psycho-social support to children, and their families, while they are undergoing medical interventions and rehabilitation following a landmine explosion or other traumatic injury. The program is funded with the support of the ITF.[45]

Queen's University International Center for the Advancement of Community Based Rehabilitation's (ICACBR) project, which ended in October 2002, supported 12 peer counseling groups in BiH linked to existing CBR centers. The project focused on training group leaders and local health professionals on issues ranging from personal counseling and rehabilitation support services, community and family interactions, and self-employment, to the development of sustainable NGO initiatives and economic reintegration of landmine survivors, and other persons with disabilities, into society. In 2002, the program, funded by CIDA, benefited around 1,000 individuals, including about 300 mine survivors.[46]

In mid-2001, a donation from the Japanese Red Cross enabled assistance to be given to mine survivors in RS. Twenty-eight people benefited from this ad hoc assistance that

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[42] Interview with Plamenko Priganica, Director, Landmine Survivors Network in BiH, Tuzla, 3 April 2003; Plamenko Priganica, response to Landmine Monitor Survivor Assistance Questionnaire, 9 January 2003; email from Plamenko Priganica, dated 14 August 2003; *Landmine Monitor Report 2002*, p. 127; and www.lsndatabase.org

[43] Interview with Dragan Tatić, Country Director, IRC, Sarajevo, 27 March 2003; IRC response to Landmine Monitor Survivor Assistance Questionnaire, March 2003.

[44] Interview with Fikret Karkin, Director, Hope 87, Sarajevo, 2 June 2003; and response to Landmine Monitor Survivor Assistance Questionnaire, 8 July 2003.

[45] Email from Sabina Beber, International Trust Fund for Demining and Mine Victims Assistance, 18 June 2003; and www.icichildren.org

[46] Djenana Jalovcic, Senior Program and Administrative Officer, International Center for the Advancement of Community Based Rehabilitation, response to Landmine Monitor Survivor Assistance Questionnaire, 8 January 2003.

helped them to be more self-sufficient; assistance included house repairs, provision of farm animals, five amputees were fitted with prostheses, and 1,400 socks for stump protection were distributed. In another project, through contact between the ICRC and representatives from Whittier College, California, and an American Red Cross branch around 1,000 "friendship boxes" were distributed to child mine survivors and others in BiH.[47] In 2000, the ITF organized rehabilitation holidays for ten child mine survivors from both entities of BiH, at a children's resort run by the Slovenian Red Cross.[48]

Sport was recognized after the war as a means of assisting people with disabilities in their physical and psychological rehabilitation.[49] In FBiH, there are 18 sitting volleyball clubs, seven men's wheelchair basketball clubs and one women's club. FBiH also has three athletic clubs for the disabled and several small football clubs.[50] The Association for Sport and Recreation of Invalids in BiH provides facilities in Sarajevo, Tuzla, Gorazde, Zenica, Una Sana, and Middle Bosnia. Around 10,000 people benefit from the programs, including many mine survivors. Teams have enjoyed international success including 1st place in sitting volleyball at the World Championships and 2nd at the Paralympic Games in Sydney in 2000.[51]

Before 2000, there were no organized sporting activities for people with a disability in RS. Now there are around 20 sports associations and clubs, including seven sitting volleyball teams and a wheelchair basketball team. In December 2002, a sitting volleyball tournament was held for teams from around the country and the region. It is hoped that this can be an annual event and financial support is being sought. The RS Secretariat for Sport and Youth has a focal person to promote the issue of sports for people with disabilities. In 2002, the RS government allocated KM75,000 (approx. $36,000) to sports for the disabled; an allocation of KM70,000 (approx. $34,000) is planned for 2003.[52]

Vocational Training and Economic Reintegration

No state-run programs for vocational training have been identified; such programs are implemented through NGOs working with persons with disabilities. High unemployment in BiH has exacerbated the problem of economic reintegration for mine survivors and other persons with disabilities. In December 2002, the official unemployment rate was 41.1 percent of the active population (42.7 percent in FBiH and 38.2 percent in RS).[53] It is acknowledged that more attention is needed in the area of vocational training.[54] LSN statistics reveal that 31 percent of mine survivors regard the lack of employment opportunities and economic reintegration as their main concern, followed by 24 percent who consider the lack of suitable housing as their main concern.[55]

In Konjic and Prozor, the International Rescue Committee (IRC) is working with disability associations providing advice and training on agricultural production, including bee keeping, cow farming, sheep farming, and land cultivation. In 2002, the program

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[47] *Landmine Monitor Report 2002*, p. 127.
[48] *Landmine Monitor Report 2001*, p. 649.
[49] Council of Europe, Final Report on the Action Plan: "Rehabilitation through sport," Strasbourg, 17 January 2001, p. 5.
[50] Email from Plamenko Priganica, Director, Landmine Survivors Network in BiH, 25 January 2002.
[51] Interview with Husein Odobasic, President, Association for Sport and Recreation of Invalids in BiH, Sarajevo, 27 March 2003.
[52] Letter from Novak Grbić, focal point for sports for the disabled, RS Secretariat for Sport and Youth, Banja Luka, 11 March 2003; and interview with Novak Grbic, Banja Luka, 31 March 2003.
[53] Poverty Profile of BiH, in "Development Strategy BiH – PRSP: Second Draft for Public Discussion," Sarajevo, 30 May 2003.
[54] Interview with Halil Plimac, Deputy Minister, FBiH Ministry of War Veterans, Sarajevo, 2 April 2003.
[55] Interview with Plamenko Priganica, Director, Landmine Survivors Network in BiH, Tuzla, 3 April 2003; and email dated 18 August 2003.

directly assisted 18 disabled persons, including four landmine survivors. The IRC also organized two business management skills workshops for 18 mine survivors. Six other skills retraining courses were organized for 24 mine survivors, who, with assistance from LSN, are now self-employed.[56]

In February 2003, Adopt-A-Minefield, together with its implementing partner STOP Mines, started a three-year income-generation project in ten municipalities of RS. Ten landmine survivors are being trained as bee-keepers and have been provided with beehives and equipment which will enable them to earn an income from the sale of the honey produced. The project will become self-sustaining through a Common Honey Fund. The budget for the project is £13,638 (approx. $21,570) and is funded by the Annenberg Foundation.[57]

Capacity Building

Since 1998, 268 specialists from BiH have undertaken rehabilitation training in Slovenia, with the support of the ITF. In addition, one physician and two physiotherapists have successfully completed their training, and another four are currently enrolled in the prosthetics and orthotics technology course at the College of Health Studies at the University of Ljubljana.[58] The FBiH Ministry of Health is discussing plans with the Institute for Rehabilitation in Slovenia on the education of more health workers from the CBR centers.[59]

Queen's University International Center for the Advancement of Community Based Rehabilitation (ICACBR) has been active in FBiH and RS since 1994 with training of health care providers including physiotherapists, occupational therapists, physicians, nurses, community leaders, peer counselors and care givers. In 1999/2000, four seminars were presented to CBR staff in FBiH, and two seminars in RS, with a total attendance of 353 professional staff and peer counselors. ICACBR's current program is primarily in RS.[60]

Prosthetic and orthotic technicians reportedly receive no formal training but are trained at vocational high schools followed by on-the-job training and short-term workshops.[61] Technicians in BiH are paid around $200 a month.[62] The US-based Center for International Rehabilitation has developed a distance learning training course that is being implemented in cooperation with the FBiH Ministry of Health for prosthetic/orthotic technicians.[63]

Rehabilitation specialists from BiH participated in the Third ISPO Central and Eastern European Conference in Dubrovnik, Croatia, in October 2002. The main themes of the conference were "Rehabilitation of War Casualties" and "Prosthetics in Rehabilitation."

In the past various international organizations, including the UK-based Action for Disability, have visited BiH to hold lectures and workshops for rehabilitation physicians, psychologists, physiotherapists, rehabilitation nurses, and prosthetic and orthotic

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[56] Interview with Dragan Tatić, Country Director, IRC, Sarajevo, 27 March 2003; IRC response to Landmine Monitor Survivor Assistance Questionnaire, March 2003.

[57] Email from Megan Burke, Program Manager, Adopt-A-Minefield, New York, 28 August 2003; and www.landmines.co.uk

[58] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[59] Letter from Dr Goran Čerkez, FBiH Minister of Health, 17 April 2003.

[60] Information on all projects available at http://meds.queensu.ca/icacbr/

[61] Laura Hamilton, "Education needs of prosthetic technicians in Bosnia," presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

[62] Final Report on the MOPS Research Phase, EdaS (Elegant Design and Solutions), 9 October 2001, p. 15 and 18.

[63] Letter from Dr Goran Čerkez, FBiH Minister of Health, 17 April 2003.

technicians, or sponsored rehabilitation specialists to undertake short training courses abroad.

According to Dr Goran Čerkez, the FBiH Minister of Health, training for health care providers should be a high priority.[64]

Disability Policy and Practice

There is one State law and two Entity laws that regulate the rights of people with disabilities. In FBiH, once a law has been adopted at Entity level the cantons must then adopt their own laws; therefore the situation varies from canton to canton. In RS, which does not have the cantonal system, there reportedly are delays in the payment of disability pensions.[65] There are significant variations in the level of care and support available between the entities, and between the cantons, due to different levels of economic development and resources, and between civilian and military war-disabled. A study has been planned to monitor and compare discrimination of persons with disabilities at the canton level.[66] Difficulties encountered by organizations providing assistance include the lack of State programs for persons with disabilities, different legislations for civilian and military victims, and poor implementation of existing laws.

Civilian mine survivors must pay for their own health care or insurance, and receive much lower, and more irregular, compensation for their injuries than military survivors. In RS, pensions for civilian victims of war, including mine survivors, range from KM78-233 (approx. $38-113) per month.[67] In FBiH, pensions range from KM30-300 (approx. $15-145) per month.[68] In some cases, civilians must pay a part of their medical costs and a portion of the costs of their prosthesis, which can be between KM3,000 and KM5,000 (approx. $1,450-$2,430).[69] The costs are prohibitive for many in a country where the average wage is $880 per year.[70]

In RS, the Ministry of Labor and War Veterans provides social support to victims of the war; including both military and civilian mine survivors. Due to budget constraints, there are plans to amend the laws to reduce the benefits available. The RS government believes it is preferable to have realistic laws that can be implemented, rather than raise expectations that cannot be met with the available resources. In 2003, the budget for military and civilian victims of the war is KM112 million (approx. US$54 million). Support is provided to 64,556 individuals and families of those killed, including mine victims. The Ministry is in the process of establishing a database that will provide a better picture of the needs of the population for social assistance.[71]

In FBiH, through the Ministry of War Veterans, a military mine survivor has the right to a free prosthesis every third year, free health care and insurance, free treatment in special rehabilitation centers, and compensation for his disability. However, the government has difficulty balancing needs with available resources. In 2003, the budget for the FBiH Ministry of War Veterans is KM275 million (approx. $134 million), or 22

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[64] Dr Goran Čerkez, FBiH Minister of Health, "Bosnia and Herzegovina: mine victims assistance," presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

[65] For details see *Landmine Monitor Report 2000*, p. 604; and *Landmine Monitor Report 2002*, p. 128.

[66] Interview with Nathalie Prévost, Mine Risk Education Adviser, UNICEF, Sarajevo, 28 March 2003.

[67] Interview with Radomir Graonic, Assistant to RS Minister of Labor and War Veterans, Banja Luka, 1 April 2003.

[68] Interview with Mustafa Karabasic, President, Federal Union of Civilian Victims, Sarajevo, 27 March 2003.

[69] *Landmine Monitor Report 2002*, p. 128.

[70] Final Report on the MOPS Research Phase, EdaS (Elegant Design and Solutions), 9 October 2001, p. 8.

[71] Interview with Radomir Graonic, Assistant to RS Minister of Labour and War Veterans, Banja Luka, 1 April 2003.

percent of the total Federation budget. Funds are allocated to each canton for distribution to beneficiaries. Pensions have not increased since 1996 and range from 50 KM to 745 KM (approx. $24-$362) per month depending on the level of disability. Cantons provide additional benefits based on available resources. In Sarajevo canton for example, beneficiaries are entitled to total health cover, transport benefits, and scholarships for children of those killed. However, in Gorazde, no additional benefits are available because of the lack of resources in the canton. Support is provided to 97,976 individuals and families of soldiers killed, including mine victims.[72]

In April 2003, the FBiH and RS Ministries of War Veterans met for the first time to discuss common concerns.[73]

In July 2002, the RS Ministry of Health adopted a new public health strategy with an emphasis on reintegration of persons with disabilities, and physical rehabilitation at the community level. The budget for health in 2002 was 186 million KM (approx. $90.3 million).[74]

Coordination and Planning

The governments of FBiH and RS, the international community, and local NGOs continue to work towards alleviating the medical and socio-economic obstacles faced by landmine survivors; however no overall coordination mechanism existed. Currently, each entity has responsibility for the health and social welfare of its population, with further division of responsibilities between the cantons in FBiH. It has been reported in the past, that mine survivors continue to be neglected and their needs and problems are not tackled in a systematic and serious way, and that existing assistance programs are conducted in isolation, and coordination occurs only on a bilateral basis, which does not always avoid duplication of efforts.[75]

In 2000, it was reported that FBiH had agreed to complete the Strategic Framework on Victim Assistance as outlined by the World Health Organization.[76] The Strategic Framework was intended to have political and technical/operational levels. At the technical/operational level, a two-day training session took place in Geneva in January 2000. A plan of action presented at the Second Meeting of States Parties in September 2000 included only the work done by the ministries and not that of NGOs and other international and local organizations; therefore it was not clear where there were gaps in the provision of assistance, from which an effective plan of action could be drawn up.[77] No NGOs interviewed during the course of this research were aware of any further action on the Strategic Framework.

In 2003, BHMAC plans to establish a mine victim assistance coordination group, which will include the relevant government ministries from FBiH and RS, NGOs working with mine survivors, and international organizations including the ICRC and UNICEF. BHMAC plans to collect information and analyze the situation regarding mine survivors, and develop a plan of action by mid-2003.[78]

In 2002, BiH commenced a series of roundtable consultations on an initiative called "Development Strategy for BiH: PRSP (poverty reduction strategy paper) and Social

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[72] Interview with Halil Plimac, Deputy Minister, FBiH Ministry of War Veterans, Sarajevo, 2 April 2003.
[73] Interview with Halil Plimac, Deputy Minister, FBiH Ministry of War Veterans, Sarajevo, 2 April 2003.
[74] Interview with Dr Milan Latinović, Assistant to RS Minister of Health, Banja Luka, 1 April 2003.
[75] *Landmine Monitor Report 2001*, p. 649.
[76] *Landmine Monitor Report 2000*, p. 603.
[77] *Landmine Monitor Report 2001*, p. 649.
[78] BHMAC, "Mine Action Plan of Bosnia and Herzegovina – draft," p. 15 (document provided by Dusan Gavran, Director, BHMAC, Sarajevo, 10 January 2003); and "Draft MRE Plan for 2003," p. 7 (document provided by Darvin Lisica, Deputy Director, BHMAC, Sarajevo, 28 February 2003).

Protection of People with Disabilities." A total of 100 meetings were convened involving about 5,000 participants, including representatives from FBiH and RS government ministries, disability groups, and NGOs. The strategy will incorporate 12 sectors including health, social assistance, and mine action.[79] The draft policy addresses issues such as the establishment of a unique law on the protection of people with disabilities without question on the cause of disability, modification of the legal regulations for health protection, and the establishment of a database of users of social protection. The second draft of the PRSP states that an agency will be established to coordinate health policies at the state level. It also raises the issue of the lack of an organized system of continuing education for health care professionals.[80]

In December 2002, it was announced that associations representing persons with disabilities in BiH would have a stronger role in the preparation of the PRSP. The head of the World Bank mission is BiH stated that "what we would like to do is bring the problem of disabled persons to the development mainstream,....to make it an integral part of the development strategy."[81]

Key Challenges in Providing Adequate Assistance in Bosnia and Herzegovina

- Facilitating access to appropriate health care and rehabilitation facilities
- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness on the rights and needs of persons with disabilities
- Establishing an effective social welfare system and legislation to protect the rights of persons with disabilities
- Obtaining sufficient funding to support programs and coordination of donor support
- Supporting local NGOs and agencies to ensure sustainability of programs

[79] Interview with Haris Mešinović, Consultant, Office of the BiH Coordinator for PRSP, Ministry of Foreign Trade and Economic Relations, Sarajevo, 4 April 2003.
[80] "Development Strategy BiH – PRSP: Second Draft for Public Discussion," Sarajevo, 30 May 2003.
[81] World Bank, "World Bank, UNDP and Invalid and Disabled Persons Associations Discuss Social Issues as a Part of Development Strategy for PRSP," Press Release, Sarajevo, 11 December 2002.

REPUBLIC OF CROATIA

Background

After the Second World War, Croatia was granted republic status within the Socialist Federal Republic of Yugoslavia (SFRY). Croatia's economic development outstripped the southern republics leading to demands for greater autonomy. With the death of Marshall Tito in 1980, and the system of annual rotating presidency between the republics, Croatia's economy ground to a halt. After the collapse of communism in other countries in eastern Europe, Croats again sought autonomy and an end to communism. In 1990, the Croatian Democratic Union won elections and a new constitution changed the status of Serbs in Croatia to a 'national minority.' In June 1991, Croatia declared its independence from SFRY, and the Serbian enclave of Krajina declared its independence from Croatia. Heavy fighting broke out and the Yugoslav People's Army (JNA) intervened in support of the Serbs. In December 1991, the United Nations deployed a protection force in Serbian-held Croatia, after a series of unsuccessful cease-fires. In May 1992, Croatia was recognized as an independent state and admitted to the UN after amending its constitution. Sporadic conflict continued in the Krajina enclave until 1995. The December 1995 Dayton Agreement finally brought a sense of stability to Croatia; however, the government was faced with large numbers of displaced Croats, unemployed ex-soldiers, a severely damaged infrastructure, and thousands of war-wounded.

In 1993, a Rehabilitation Information System was created to register war victims in needs of rehabilitation in Croatia. A study on the data for the period from July 1991 to July 1995 reported 8,589 people with war-related injuries that were in need of physical

rehabilitation: 95.6 percent were male; 956 (11 percent) were amputees, of which 32 percent were caused by landmines; 37 percent of all injuries were caused by explosive devices such as landmines or mortar shell shrapnel. The study concluded that if recovery was to be maximized, "rehabilitation may be required for some years…which will put a severe strain on rehabilitation activities and health and social services."[1]

Croatia has a population of around 4.4 million people, and is the second richest of the former republics of Yugoslavia (after Slovenia); about 8.4 percent of the population lives below the national poverty line (US$9 per day).[2]

Scale of the Landmine Problem[3]

Landmines were commonly used weapons during the four years of conflict in Croatia. Mines were laid mainly to protect defensive positions on the lines of confrontation, which changed frequently, and also in areas of strategic importance (railway lines, power stations, and pipelines). Large concentrations of mines were left around big cities in conflict zones: Dubrovnik, Sibenik, Zadar, Knin, Karlovac, Osijek, Vukovar. These cities and some other smaller inhabited areas are also contaminated with unexploded ordnance (UXO). The right riverbanks of the Kupa and Korana Rivers, which were among the most mined areas in Croatia, were also littered with UXO.

As of the end of 2002, the area known or suspected to be mine/UXO-contaminated was 1,630 square kilometers, containing approximately 700,000 mines, located in 14 of the 21 counties of Croatia.[4] Mine-affected counties include Bjelovar-Bilogora, Brod-Posavina, Dubrovnik-Neretva, Karlovac, Lika-Senj, Osijek-Baranja, PoZega-Slavonija, Sisak-Moslavina, Sibenik-Knin, Vukovar-Srijem, Zadar, and Zagreb County.

In February 1998, the government established the Croatian Mine Action Center (CROMAC), to be responsible for managing all aspects of mine action in Croatia. CROMAC is based in Sisak, with branch offices in Karlovac, Osijek, and Zadar.[5]

Landmine/UXO Casualties and Data Collection

To December 2002, the CROMAC database contained details on 1,848 mine/UXO casualties since 1991; at least 554 casualties occurred since the end of the war in 1995. The majority of casualties are men, with women accounting for only five percent or recorded casualties. Nearly six percent of recorded casualties were children at the time of the incident. Since 1991, 43 deminers have been killed and another 72 injured during mine clearance operations in Croatia. In 2002, casualties were reported in ten of the fourteen mine-affected counties.[6]

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1 Neven Henigsberg, Bengt Lagerkvist, Zrinjka Matek and Ivica Kostovic, "War Victims in Need of Rehabilitation in Croatia," *Scandinavian Journal of Social Medicine*, Vol. 25, No. 3, pp. 202–206. The total number of people reported injured was 3.5 times more than those reported as needing rehabilitation.

2 Croatian National Institute of Public Health, "Croatian Health Service Yearbook 2001," Zagreb, November, 2002, p. 29; and World Bank, "Croatia Economic Vulnerability and Welfare Study," Poverty Reduction and Economic Unit Europe and Central Asia Region, 18 April 2001, p. vii.

3 For more details see International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, New York, August 2002, p. 212; and International Campaign to Ban Landmines, *Landmine Monitor Report 1999*, Human Rights Watch, New York, April 1999, p. 575.

4 "Mine Situation in Croatia," presentation to the Standing Committee on Mine Clearance, Mine Risk Education, and Mine Action Technologies," Geneva, 14 May 2003.

5 International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, p. 616.

6 All casualty data taken from "Mine Victim Assistance: Status Report Croatia," presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 4 February 2003; and email to Landmine Monitor (HIB) from Liljana Čalić-Žminć, Coordinator, Victim Assistance and Mine Risk Education, CROMAC, 24 June 2003.

Landmine/UXO Casualties 1991-2002

Year	Total	Killed	Injured	No Physical Injuries	Unknown
Unknown	96	25	62	-	9
1991-1995	1,198	228	918	2	50
1996	170	39	129	1	1
1997	142	41	100	-	1
1998	97	37	60	-	-
1999	63	22	41	-	-
2000	20	8	12	-	-
2001	30	8	22	-	-
2002	32	6	23	3	-
Total	**1,848**	**414**	**1,367**	**6**	**61**

The mine casualty database, which uses Microsoft ACCESS, was developed by CROMAC and is maintained in Sisak. Information on new casualties is collected from media reports, police stations, and CROMAC's regional offices. The database is constantly updated as information becomes available on new casualties or casualties that occurred in earlier years but were previously unreported, and as duplicated records are identified.[7]

In a 1997 study on landmine casualties conducted by the Center for Disaster Management in Zagreb, 671 mine survivors with permanent disabilities were identified.[8]

Type of Injury	Survivors
Amputation	283
Fractures (causing permanent mobility problems)	151
Amputation and fractures	31
Traumatic brain injury	21
Peripheral nerve injury and fractures	21
Peripheral nerve injury	18
Amputation and traumatic brain injury	7
Amputation and peripheral nerve injury	5
Amputation, peripheral nerve injury and fractures	4
Traumatic brain injury and fractures	4
Spinal cord injury and fractures	2
Spinal cord injury	1
Amputation, traumatic brain injury and fractures	1
Traumatic brain injury, peripheral nerve injury and fractures	1
Other types of injuries	121
Total	**671**

In May 2002, the Croatian Mine Victims Association (CMVA), in collaboration with CROMAC, began a survey of mine casualties in Croatia. The survey, based on a

[7] Interview with Liljana Čalić-Žminć, Coordinator, Victim Assistance and Mine Risk Education, CROMAC, Sisak, 21 October 2002.

[8] Center for Disaster Management, "Preliminary Report about the Activities in the Project 'Development of a System for Monitoring Injuries Caused by Land-Mines and Unexploded Ordnances'," provided by Dr Neven Henigsberg, Director, Center for Disaster Management, Zagreb, 19 February 2003.

questionnaire with 108 questions covers the health situation, education, occupation, income and general situation of mine survivors, or the family of those killed. The survey data is being collected by mine survivors based in each mine-affected county. When completed, the data from the questionnaires will be merged with the CROMAC database to provide a comprehensive picture of the main issues faced by mine survivors in Croatia and is expected to be a useful tool for setting priorities for mine survivor assistance projects. To January 2003, 400 adult mine casualties and 140 children and teenagers have been surveyed; 50 people refused to take part in the survey. Data collection continues in 2003. The project is supported by the Canadian International Development Agency (CIDA).[9]

CMVA, with financial support from UNICEF, carried out an earlier survey, between September and November 2001, to identify the number and status of mine survivors among children and young people up to 25 years-of-age. The survey covered all mine-affected counties and identified 146 mine casualties under the age of 25, killed or injured during the previous ten years. Ninety-nine survivors were interviewed and asked to complete a questionnaire on their health status, education, occupation, income, living conditions, and other relevant factors such as family support, social life, and level of happiness. The majority of casualties were boys injured while playing; 84 percent of those surveyed were boys. The majority of casualties, 72 percent, occurred in the group now aged between 18 and 25 years; 28 percent are now aged between 10 and 17. More than half the respondents reported experiencing difficulties as a result of their injuries, although their adjustment to living with a disability was very good.[10] The questionnaires from this survey will be incorporated into the current CMVA project.

The Institute for Rehabilitation and Orthopedic Devices at the University Hospital Center in Zagreb has assisted over 100 civilian landmine amputees. In order to assess their rehabilitation, telephone interviews were conducted with thirty patients: 26 were male and four female; the average age was 52 years; and 73 percent were below-knee amputees, 20 percent were above-knee amputees, and 7 percent bilateral amputees. Following rehabilitation at the Institute, all reported good mobility and used their prosthesis for around 10 hours per day. Only one person was dependent on others in their daily activities, while 23 reported being total independent, and six partially independent. Nine participants reported that their economic status has worsened since losing a limb. For 67 percent, 20 of the 30 people interviewed, their quality of life was lower than before the amputation; for nine amputees it had remained the same. The study emphasized the importance of medical rehabilitation for mobility and independence in daily life; however it also showed that because of the changed lifestyle and lower quality of life experienced by some mine survivors, on-going psychological and social support was required for their integration into normal life.[11]

Emergency and Continuing Medical Care

Croatia has a well-developed public health infrastructure including clinics, clinical hospitals, specialized hospitals, and rehabilitation centers. However, spending on public health has dropped from 8.8 percent of GDP in 1999 to 6.7 percent in 2002.[12] In 2001, there were 119 health centers, 23 general hospitals, 12 teaching hospitals and clinics, two

[9] Interviews with Liljana Čalić-Žminć, Coordinator, Victim Assistance and Mine Risk Education, CROMAC, Sisak, 21 October 2002; and Davorin Cetin, President, Martina Belošević, Coordinator, CMVA, Sisak, 11 February 2003.

[10] *Landmine Monitor Report 2002*, pp. 219–220.

[11] Dr Ida Kovač and Dr Miroslav Jelić, Institute for Rehabilitation and Orthopedic Devices, "Rehabilitation of Landmine Victims," presentation to the Third ISPO Central and Eastern European Conference, Dubrovnik, 23-25 October 2002.

[12] Interview with Dr Suzana Skoko, Ministry of Health, Zagreb, 20 February 2003.

clinical hospital centers, 30 specialized hospitals (two privately owned), five health resorts (two privately owned), four emergency medical aid centers, 185 polyclinics (175 privately owned), 111 medical centers providing home-based care (110 privately owned), and 141 pharmacies (108 privately owned).[13]

First aid is reportedly always available to mine/UXO casualties in a short period of time, with transport to well-equipped hospitals provided by ambulances.[14]

Surgeons in Croatia gained extensive experience in trauma surgery during four years of fighting in the early 1990s. For example, the Centers for Orthopedic Surgery in Osijek and Vinkovci, located within the Clinical Hospitals, were on the front line during the conflict and assisted hundreds of war-wounded. The Center in Osijek has 42 beds, seven orthopedic surgeons and five trauma surgeons. In Vinkovci, the Center has 10 beds, three orthopedic surgeons and five trauma surgeons. Doctors are well qualified and equipped to treat mine/UXO casualties. Both centers assisted new mine casualties in 2002.[15]

Mine survivors have to pay for medicines not on the list of the Croatian Health Insurance Institute, and for everything that exceeds the limits determined by national standards.[16]

Physical Rehabilitation (including prosthetics/orthotics)

There are 12 special hospitals for physical rehabilitation in Croatia: Lipik, Daruvarske Toplice, Naftalan, Thalasoterapija-Crikvenica, Biokovka, Kalos, Thalasoterapija-Opatija, Varaždinske Toplice, Biograd, Stubicke Toplice, Krapinske Toplice, and the orthopedic hospital "Prim dr. Martin Horvat" in Rovinj.[17] Croatia reportedly has a sufficient number of hospital beds to meet the needs for physical rehabilitation. The priority should be to improve standards not space.

The Dr Martin Horvat hospital in Rovinj has been operating for over one hundred years and has 250 beds of which 90 are reserved for private patients from Austria. In 2002, the hospital assisted around 1,400 in-patients from Croatia and 800 from Austria, and provided 93,312 physiotherapy treatments, 7,638 orthopedic treatments, 5,765 medical treatments, and other services including x-rays and diagnostic ultrasound. In addition, around 13,000 outpatients were assisted at the polyclinic. The hospital employs 110 staff (increasing to 135 in summer) including six doctors, 30 nurses, and 18 physiotherapists. Orthopedic surgery was carried out until 1996 when the theaters were closed for financial reasons.[18]

In October 2002, a new rehabilitation facility opened in Bizovačke as part of the Osijek University Hospital. The Department of Physical Medicine and Rehabilitation is planned to be a referral center for all of eastern Croatia. The center has a capacity of 120 beds but currently only has a contract with the Croatian Health Insurance Institute to pay services for 51 beds. Staff includes six doctors of physical medicine and rehabilitation, two other doctors, and 28 physiotherapists. There are plans to employ occupational therapists, speech therapists and psychologists when funding is available. The center can

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[13] Croatian National Institute of Public Health, "Croatian Health Service Yearbook 2001," Zagreb, November, 2002, p. 16.

[14] Interview with Liljana Čalić-Žminć, Coordinator, Victim Assistance and Mine Risk Education, CROMAC, Sisak, 21 October 2002.

[15] Interview with orthopedic surgeons, Vjekoslav Kolarevic, Krunoslav Leko, Dinko Raič, Saša Rapan, Borna Wertheimer, Predrag Grdić, Savo Jovanović (head of Osijek) and Marko Reljanović (head of Vinkovci) from Osijek Center for Orthopedic Surgery and Vinkovci Center for Orthopedic Surgery during a joint meeting in Osijek, 13 February 2003.

[16] *Landmine Monitor Report 2000*, p. 623.

[17] *Landmine Monitor Report 2002*, p. 220.

[18] Interview with Dr Čukac Borivo, Director, Dr Martin Horvat Hospital, Rovinj, 18 February 2003.

provide long or short-term rehabilitation for orthopedics, neurology, chronic disease, children, and traumatic injuries. There is also an outpatients department. The center is housed in a new building but lacks equipment and aids for therapy. Bizovačke is about 20 kilometers from Osijek but a shuttle bus is available to facilitate access.[19]

Four hospitals in Croatia have facilities for the fitting of prostheses, in Zagreb, Osijek, Rijeka, and Split. The facilities at Osijek, Rijeka and Split each have five beds for prosthetic rehabilitation. The facilities available are reportedly adequate to meet the needs of amputees; however, a lack of resources limits the opportunities to improve standards, particularly in the physical environment.[20]

The Institute for Rehabilitation and Orthopedic Devices, established 42 years ago, is part of the University Hospital in Zagreb. The Institute has 40 beds in two wards for prosthetic rehabilitation, and employs six doctors, 20 physiotherapists and 24 nurses. There is no funding for psychologists or social workers. Since 1991, 3,149 patients have been rehabilitated at the Institute. The costs of basic prostheses are covered by the health insurance fund. The main needs are for funding to provide temporary prostheses (these are not covered by the health insurance fund), computers and digital cameras to assist with developing rehabilitation programs, textbooks and training seminars for staff, and renovation and refurbishment of patient's rooms (the building is over 40 years old).[21]

None of the centers fitting prostheses have workshops for the production of orthopedic devices. Croatia has 400 registered contract companies for the supply of orthopedic and assistive devices. For example, "OTOS" Ortopedska Tehnika in Osijek is one of the largest suppliers and is equipped with CADCAM technology. In addition to working with the state institutions it also works directly with clients for the supply and fitting of orthopedic aids. "OTOS" has 32 employees including five prosthetic/orthotic technicians, two physiotherapists, seven shoemakers, two bandage makers, one medical technician, and a medical aids advisor.[22]

According to Dr Miroslav Jelić, Director of the Institute for Rehabilitation and Orthopedic Devices, the system of using contract companies is preferable to building capacity within the public health sector. Competition between commercial companies promotes more control on the quality and choice of devices. Significant resources would be required to equip workshops and train technicians for the public sector, and because of low wages it would be difficult to attract qualified people. In the public sector a technician would earn around $400 per month, whereas in the private sector earnings are four times higher. There is however a need to rationalize the number of commercial companies currently operating in Croatia; ten companies service the Institute in Zagreb.[23]

People with health insurance are provided with prostheses, spare parts and consumables, which are regulated by the "Book of Regulations on Orthopedic and other tools." Amputees are entitled to replacement prostheses every two years. Wheelchairs are replaced every four years. During the fitting of upper limb prostheses for the first time, outpatient or hospital rehabilitation is provided depending on the needs. However, during the first fitting of lower limb prostheses amputees are entitled to hospital rehabilitation.

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[19] Interview with Dr Mira Kadolić, Director, Department of Physical Medicine and Rehabilitation, Bizovačke, 13 February 2003.

[20] Interview with Dr Miroslav Jelić, Director, Institute for Rehabilitation and Orthopedic Devices, University Hospital Center, Zagreb, 14 February 2003.

[21] Ibid.

[22] Interview with Željko Getoš, Director and Prosthetist, "Otos" Ortopedska Tehnika, Osijek, 13 February 2003.

[23] Interview with Dr Miroslav Jelić, Director and Orthopedist, Institute for Rehabilitation and Orthopedic Devices, University Hospital Center, Zagreb, 14 February 2003.

Mine survivors, and other amputees, with health insurance pay about ten percent of the cost of a basic prosthesis (Article 12 of the Book of Regulations); if amputees want a better quality device they must pay the difference in cost themselves. For example, a lower leg prosthesis enabling ten hours of activity a day costs between KN25,000-KN40,000 ($2,866-$4,587). In this case, the Croatian Health Insurance Institute would cover only about 10 percent of the cost.[24]

In 2002, the Croatian government provided KN180,000 ($23,255) for a project that will provide one mine survivor in every contaminated county with a better prosthesis; two mine survivors were fitted with a new prosthesis under this project, with other beneficiaries identified.[25]

In 1996, the Special Unit for Community Based Rehabilitation was established in partnership with the Department for Physical Medicine and Rehabilitation at the Sveti Duh Hospital in Zagreb. The aim of the project was to facilitate the return to normal life of war-disabled by finding solutions to their health, social, legal and other problems. The team consisted of a physician, physiotherapists, home-visit nurse, social worker, a peer counselor (a person with a disability), occupational therapists, other experts, and family members. The project was supported by Queen's University's International Center for the Advancement of Community Based Rehabilitation (ICACBR), the Ministry of Health, the World Health Organization, and funding from CIDA until 1998.[26] However, it has not been possible to implement this program properly as it was reportedly too ambitious for the available resources.[27]

Private polyclinics also provide physical rehabilitation. For example, the Bizovačke Toplice Polyclinic for Medical Rehabilitation, in heavily mine-affected eastern Slavonia, provides services to people with a physical disability including physiotherapy, hydrotherapy, electrotherapy, and massage. It employs 19 staff including 16 physiotherapists and nurses, and the director who is a doctor of physical medicine and rehabilitation. In the past, the clinic has treated many war-wounded including mine survivors. Of the 2,801 people assisted in 2002, 11 were mine/UXO survivors. The clinic has a contract with the Croatian Health Insurance Institute to treat a set number of patients per day; only 15 percent are private patients.[28]

According to Davorin Cetin, a landmine survivor and President of CMVA, the rehabilitation currently available to mine survivors in Croatia is insufficient: the 21-day hospitalization period after a mine incident is too short, and physical rehabilitation is often incomplete. In addition, civilian victims of the "homeland war" are not granted equal rights to disabled war veterans, including the entitlement to treatment in a health resort once a year.[29]

The local NGO, Croatian Blind Dog and Mobility Association (CGDMA), operates a dog training school and provides support to the visually-impaired in Croatia. The association has 156 members, of which three are mine/UXO survivors, including a 13

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[24] See *Landmine Monitor Report 2002*, p. 220. Exchange rate US$1 = 7.12 Kuna as at 31 August 2003; however exchange calculations are based on rates at the time information was provided.

[25] Interview with Martina Belošević, CMVA, Zagreb, 20 January 2003.

[26] Mirka Jakšić, Andrea Polovina, and Ana Bobinac-Georgievski, "Community Based Rehabilitation (CBR) for War Victims in Croatia," presentation to the Third ISPO Central and Eastern European Conference, Dubrovnik, 23-25 October 2002; and Development of Community Based Rehabilitation Project in Croatia, available at http://meds.queensu.ca/icacbr/PF/PRcroatia.htm

[27] Interview with Dr Suzana Skoko, Ministry of Health, Zagreb, 20 February 2003.

[28] Interview with Dr Durdida Kesak-Ursić, Director, Bizovačke Toplice Polyclinic for Medical Rehabilitation, Bizovačke, 13 February 2003.

[29] Interview with Davorin Cetin, President, CMVA, Sisak, 11 February 2003; and *Landmine Monitor Report 2002*, p. 220.

year-old boy. The CGDMA has trained over 250 visually-impaired people to use a cane, and trained 37 guide dogs. The CGDMA has plans to expand its program to train more dogs for Croatia and other countries in the region but lacks financial resources.[30]

Psycho-Social Support

In the past, it has been reported that although the provision of health care in Croatia was well organized, psychological and social rehabilitation was almost non-existent.[31] Croatia has about forty practitioners skilled in providing psycho-social assistance, and the Ministry of War Veterans has centers for psycho-social support for war veterans. The National Center for Psycho-trauma in Zagreb continues to offer psychological support to victims of the war, including mine survivors.[32] The main psycho-social support network for mine survivors would appear to be the Croatian Mine Victims Association (CMVA).

On 31 May 1999, the Croatian Union of Physically Disabled Persons Associations (HSUTI) established a Mine Victims Section. HSUTI has been active in Croatia for more than twenty years and has centers in thirty-six cities all over the country and has 40 member-organizations. HSUTI's operations included research on the number and status of casualties, assistance to its members, organizing meetings and seminars, and cooperation with other NGOs.[33]

The Croatian Mine Victims Association (CMVA) was established on 6 October 2001 in Rovinj, and emerged from the Mine Victims Section. CMVA has developed a regional network in 12 of the 14 mine-contaminated counties in Croatia. Activities include an ongoing survey of mine survivors in Croatia, support of individual mine survivors, coordination of the program for rehabilitation and psycho-social support to children and adult mine survivors during the summer in Rovinj, seminars, and raising awareness of the problems faced by mine survivors. All projects are carried out in collaboration with other associations or institutions. CMVA and its projects have received funding support from the Croatian government, Canadian government, Norwegian government, US Department of State, the UNHCR, the ICRC, Ministry of the Homeland War Veterans, Croatian Red Cross, Norwegian Embassy, Canadian Embassy, Slovenian Embassy, United Nations, USAID, the International Trust Fund for Demining and Mine Victims Assistance (ITF), Norwegian People's Aid, Soroptomists, and local businesses and organizations.

In 2001, the Mine Victims Section and CROMAC jointly developed a project of Mine Victims Rehabilitation. The project included the refurbishment of rooms at the Orthopedics and Rehabilitation Department of the Dr Martin Horvat Hospital in Rovinj to accommodate young mine survivors for rehabilitation and workshops. Under the program, the young survivors benefit from medical and physical rehabilitation and psychological support. Participants also attend various workshops on music, painting, sport, web design, and video production. The first group of young mine survivors arrived in Rovinj on 1 July 2001. To July 2003, 56 children and young people have participated in the annual summer programs.[34] In addition, from 22 July to 1 September 2002, four groups totaling 89 adult mine survivors and their families, participated in ten-day workshops and rehabilitation sessions in Rovinj.[35]

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[30] Interview with Mira Katalenić, President, Croatian Guide Dog and Mobility Association, Zagreb, 14 February 2003.

[31] International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, New York, August 2001, p. 673.

[32] Interview with Dr Neven Henigsberg, Center for Disaster Management, Zagreb, 19 February 2003.

[33] *Landmine Monitor Report 2000*, p. 623.

[34] Interview with Martina Belošević, Coordinator, CMVA, Zagreb, 20 January 2003; *Landmine Monitor Report 2002*, p. 220; and *Landmine Monitor Report 2001*, p. 673.

[35] Information provided by Martina Belošević, Coordinator, CMVA, Zagreb, 18 February 2003.

Planning is underway for the creation of the South-East European Regional Center for Psychosocial Rehabilitation in Rovinj. The center will use existing rehabilitation facilities and medical specialists from the Dr Martin Horvat Hospital and will be housed in an existing building, which requires extensive renovation, in the grounds of the hospital. The center will be available not only to young mine/UXO survivors from Croatia and the region, but also to other persons with special needs. Funds have been pledged by the Canada, Norway, Japan, and the US State Department, as well as relevant Croatian ministries and the county of Istria.[36]

In March and April 2002, CMVA organized a series of seminars in five towns in eastern Slavonia, to raise awareness of the rights and problems of mine survivors and to provide psycho-social support. Sixteen mine survivors attended the seminars. Mine survivors who attended considered the seminars to be of great value and welcomed the opportunity to meet with others in a similar position.[37] In 2003, CMVA started a new program in Vinkovci. Every Friday afternoon, between 4 and 7 pm, counseling is available for mine/UXO survivors and their families, and from 7 until midnight the venue becomes a place where people can meet and socialize. There is no budget for the program as it is run by volunteers and the space is provided by the Croatian Red Cross.[38]

CMVA, in collaboration with the ICRC, produced a picture book by Zeljko Zorica, entitled "Endangered world," to raise funds for a scholarship for mine survivors; four young mine survivors have benefited from the project. The children receive 500 Kuna (US$70) a month to assist with the costs of attending school.[39]

Several other activities including concerts with popular rock bands have been organized to raise awareness and money to support mine survivors.[40]

The local NGO, NONA, primarily a women's multimedia center focusing on the promotion of human rights, is also involved in mine survivor assistance. NONA has produced a documentary about young mine survivors which was broadcast on national television. In addition, representatives of NONA met with the President of Croatia, Stipe Mesić, to raise awareness of the problems faced by mine survivors.[41]

Sport has been recognized as a means of assisting people with a disability in their physical and psychological rehabilitation. The Croatian Sports Federation of the Disabled (formerly the Federation for Sports and Recreation of the Disabled of Croatia) was established in 1964, and in 2001 the Croatian Paralympic Committee was formed. The Federation, and its member organizations, offer sporting opportunities to all persons with disabilities in areas such as athletics, table tennis, wheelchair basketball, wheelchair tennis, sitting volleyball, bowling, horse riding, bowling, and swimming. Vjekoslav Zupanic, a Croatian mine survivor, came 8th in javelin at the 2002 world athletics championships for the disabled. The Institute for Rehabilitation and Orthopedic Devices in Zagrab has a wall-of-honor filled with the photos, trophies and awards of Croatian sportsmen and sportswomen with a disability.

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[36] Interview with Dijana Pleština, Mine Action Adviser, Ministry of Foreign Affairs, Rovinj, 18 February 2003.

[37] Interview with Pedrag Stankić, Laslo Horvat, and Ždravko Milatić, mine survivors, Osijek, 12 February 2003.

[38] Interview with Dijana Pleština, Mine Action Adviser, Ministry of Foreign Affairs, at the Standing Committee meetings, Geneva, 14 May 2003.

[39] Interviews with Martina Belošević, Coordinator, CMVA, Zagreb, 20 January 2003; and Sisak, 11 February 2003.

[40] For details see *Landmine Monitor Report 2001*, pp. 673–674; and *Landmine Monitor Report 2002*, pp. 220–221.

[41] Interview with Ksenija Habek, NONA, Zagreb, 17 March 2003.

Vocational Training and Economic Reintegration

One of the main problems facing mine survivors in Croatia is the lack of employment opportunities for persons with disabilities, a problem exacerbated by high unemployment in the general population. According to the Central Institute of Statistics, in 2001 the registered unemployment rate was 22 percent;[42] although it is reportedly significantly higher in some parts of the country. Vocational retraining has been identified as a "weak spot" in assistance to mine survivors and other war-disabled.[43]

Some mine survivors interviewed expressed a desire for retraining to learn new skills followed by small loans to enable the start of income-generating projects.[44]

In May 2002, CROMAC employed four mine survivors for the task of entering and processing data in the database; financial support was provided by the Norwegian government. CROMAC has also employed four deminers injured in 2002 to monitor ITF-funded projects.[45]

In 2002, NONA organized regular workshops on computer skills for blind persons, as well as workshops for video production and graphic design for other people with disabilities in Zagreb and Karlovac. As a result of the video production and graphic design workshops two young mine survivors produced an autobiographical video which was released on 26 September 2002, along with a photo exhibition. The two mine survivors now use their new skills working part-time to produce the NONA newsletter. NONA plans to expand the workshops to Sisak and Zadar.[46]

Capacity Building

Croatia has a large health care workforce with 36,244 full-time and part-time health workers and associates employed in the public sector as at the end of 2001.

- 7,779 physicians – including 267 specialists in physical medicine and rehabilitation, 162 in orthopedics, and 538 in general surgery;
- 598 dentists;
- 1,575 pharmacists;
- 682 other university-degree qualified health professional;
- 5,632 junior college trained health workers – including 3,121 nurses and technicians, 855 physiotherapists, 35 occupational therapists;
- 19,447 high school trained health workers – including 15,423 nurses and technicians, 866 physiotherapists, six occupational therapists; and
- 531 semi-skilled health workers.[47]

Currently, about 150 orthopedic technicians are members of the Croatian Orthopedic Society, of which less than ten have internationally recognized diplomas. Croatia has one Certified Prosthetist (CP) and one Certified Prosthetist and Orthotist (CPO). The Croatian branch of ISPO has 20 members including doctors and prosthetics. There are no training schools for prosthetic/orthotic technicians in Croatia. Most technicians receive on-the-job training, or travel abroad for short courses. However, plans are currently being developed

[42] Croatian National Institute of Public Health, "Croatian Health Service Yearbook 2001," Zagreb, November, 2002, p. 15.
[43] Interview with Dr Neven Henigsberg, Center for Disaster Management, Zagreb, 19 February 2003.
[44] Interviews with Davorin Cetin, President, CMVA, Sisak, 11 February 2003; and Pedrag Stankić, Laslo Horvat, and Ždravko Milatić, mine survivors, Osijek, 12 February 2003.
[45] Interview with Martina Belošević, CMVA, Zagreb, 20 January 2003.
[46] Interview with Ksenija Habek, NONA, Zagreb, 17 March 2003.
[47] Croatian National Institute of Public Health, "Croatian Health Service Yearbook 2001," Zagreb, November, 2002, pp. 77, 95 and 98.

to establish a school offering short modules that would lead to internationally recognized qualifications.[48]

Croatia has two university faculties for the training of physiotherapists at Zagreb and Rijeka, and four physiotherapy schools.[49] Training for occupational therapists is also available in Zagreb. Under the ICACBR program, which operated from 1996 to 1998, regional seminars, conferences, and training sessions were held for health care providers in community based rehabilitation (CBR). In addition, the curriculum for physiotherapists and occupational therapists at the University of Zagreb was enhanced with the introduction of a CBR concepts course and opportunities for clinical practice.[50]

The Institute for Rehabilitation and Orthopedic Devices and the Croatian branch of the International Society of Prosthetics and Orthotists (ISPO), under the auspices of the Ministry of Health, and in cooperation with the Croatian Orthopedic Society and the Croatian Society for Physical Medicine and Rehabilitation of the Croatian Medical Association organized the Third ISPO Central and Eastern European Conference which was held in Dubrovnik from 23-25 October 2002. Rehabilitation specialists from around the country, the region, and the world, attended the conference and shared experiences and current practices in rehabilitation. The main themes of the conference were "Rehabilitation of War Casualties" and "Prosthetics in Rehabilitation". Several of the presentations and posters reported on the care and rehabilitation of landmine casualties.

All health care professionals interviewed during the course of this research in Croatia stressed the importance and benefits of on-going skills training and the exchange of knowledge and experiences with colleagues in the country and the region.

Disability Policy and Practice[51]

Croatia has extensive legal provisions for the rights and entitlements of persons with disabilities, including mine victims; however, many are not fully implemented, partly because the disabled lack knowledge about their rights. Research conducted among mine survivors revealed that one third (100 out of 300 respondents) were not familiar with benefits available to them.[52]

In November 2002, the "Act on vocational rehabilitation and employment of disabled persons" entered into force.

In October 2000, the Commission of the Government for Disabled People was established to provide expert opinion and monitor the situation concerning persons with disabilities and their families, and develop activities to ensure their welfare. The Commission includes representatives from the Ministries of Labor and Social Affairs, Education and Sport, War Veterans, Health, Tourism, Transport, the Union of Victims of World War II, Union of Victims of the Homeland War, the Office for Humans Rights, the State Institute for the Protection of Family, Maternity and Youth, and ten disability NGOs.[53]

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[48] Interview with Željko Getoš, Secretary ISPO-Croatia, and Director and Prosthetist, "Otos" Ortopedska Tehnika, Osijek, 13 February 2003; and Ivo Husić, Dr Miroslav Jelić, Dr Milka Granić Husić, and Dr Ida Kovač, "School for Orthopedic Technique – Concept and the Beginning of Realization," presentation to the Third ISPO Central and Eastern European Conference, Dubrovnik, 23-25 October 2002.

[49] Interview with Željko Getoš, Secretary ISPO-Croatia, and Director and Prosthetist, "Otos" Ortopedska Tehnika, Osijek, 13 February 2003.

[50] Development of Community Based Rehabilitation Project in Croatia, available at http://meds.queensu.ca/icacbr/PF/PRcroatia.htm

[51] For more information on legislation see http://natlex.ilo.org

[52] *Landmine Monitor Report 2000*, p. 623.

[53] Interview with Dr Ružica Tadić, State Institute for the Protection of Family, Maternity and Youth, Zagreb, 15 February 2003.

The 1998 "Law on Changes and Additions to the Law on Mine Clearance" strengthened the rights of deminers in the event of death or injury. Deminers are now eligible for the same rights and benefits provided for Croatian soldiers killed or injured in the war under the "Act on Rights of Croatian Participants in the Civil War and Members of their Families"[54]

The 1997 Law on Social Care and its subsequent amendments also provides rights and benefits to persons with disabilities.

The 1996 "Act on Rights of Croatian Participants in the Civil War and Members of their Families" regulates rights and benefits of disabled survivors of the war, both military and civilian. Pension benefits vary based on the level of disability. For an ex-soldier classified as 100 percent disabled the monthly pension is 6,000 Kuna (approx. US$842) and for a civilian with 100 percent disability the allowance is 1,700 Kuna (US$239) per month. Those who are more than 80 percent disabled are entitled to an apartment free-of-charge; other people with a disability not as a result of the war are only entitled to a 20 percent discount, provided they are in wheelchairs. There are widespread transport privileges, but the law on access to buildings for people with a disability is generally not respected.[55] The pensions available are reportedly insufficient for beneficiaries to maintain a reasonable standard of living for themselves and their families.[56]

The Croatian healthcare system is based on the Law on Health Care and the Law on Health Insurance. These laws ensure that healthcare is available for the entire Croatian population, including mine survivors and other persons with disabilities. Croatian citizens are entitled to primary medical care and to hospital rehabilitation once a year provided that their illness/disability is listed in the regulations, that they have functional disorders, and that ambulatory rehabilitation is unavailable. Persons with disabilities using orthopedic and other aids are exempt from payment for medical services if their monthly earnings are below a predetermined level. Supplemental allowances for assistance and care are available to people with a disability on certain conditions, together with reduced taxation and housing costs.[57] About 95 percent of the population is covered by health insurance.[58]

In 1991, the Rehabilitation Board was established as part of the Ministry of Health to monitor implementation of rehabilitation programs.[59]

Coordination and Planning

In October 2000, Dr Dijana Pleština was appointed as Adviser for Mine Action to the Minister of Foreign Affairs. In this capacity, the Ministry of Foreign Affairs (MFA) has been active in raising awareness of the needs of mine survivors in Croatia. The adviser works closely with the Croatian Mine Victims Association to build capacity, develop new programs, and raise funds for projects to support mine survivors. A particular focus is the planned creation of the South-East European Regional Center for Psychosocial Rehabilitation in Rovinj, and other projects to facilitate the social and economic reintegration of mine survivors in Croatia.

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[54] Interview with Mr Vincetić, Union of Deminers, Zagreb, 19 February 2003; and *Landmine Monitor Report 2001*, p. 661.

[55] Interview with Davorin Cetin, President, and Martina Belošević, Coordinator, CMVA, Zagreb, 11 February 2003; and *Landmine Monitor Report 2000*, p. 622.

[56] Interviews with Pedrag Stankić, Laslo Horvat, and Ždravko Milatić, mine survivors, Osijek, 12 February 2003.

[57] *Landmine Monitor Report 2000*, p. 622.

[58] Interview with Liljana Čalić-Žminć, Coordinator, Victim Assistance and Mine Risk Education, CROMAC, Sisak, 21 October 2002.

[59] *Landmine Monitor Report 2000*, p. 622.

In early 2002, as Chair of the Reay Group on Mine Action (Stability Pact for South Eastern Europe Working Table 3), Croatia introduced the concept for this study on mine victim assistance in the region and has been an active supporter of the project.

Croatia becomes co-chair of the Mine Ban Treaty Standing Committee on Victim Assistance and Socio-Economic Reintegration in September 2003. In July 2003, Dr Pleština, who will assume the responsibilities of co-chair, was promoted to the rank of Ambassador for Mine Action in recognition of the importance of the issue of mine victim assistance to Croatia.

The future strategy of CROMAC is to continue working with the CMVA to strengthen the involvement of medical experts in the care and rehabilitation of mine victims, to raise public awareness on the need for the socio-economic reintegration of mine survivors, and to generate future employment opportunities.[60]

In October 2002, the Croatian Parliament approved a new national strategy for 2002-2006 aimed at improving the quality of life of persons with disabilities, without distinction to the cause of the disability. The strategy includes actions in the area of health (including the training of health care providers), education, vocational rehabilitation and employment, pension insurance and social assistance. The strategy replaces a national program that was implemented in 1999. The basic goals of the new National Strategy are:

- providing conditions for solving the problems of the disabled;
- coordinated activities and dissemination of information;
- active participation of persons with disabilities; and
- raising awareness within society to the needs of persons with disabilities.[61]

Key Challenges in Providing Adequate Assistance in Croatia

- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners
- Raising awareness of the rights and needs of persons with disabilities
- Supporting local NGOs and agencies to ensure sustainability of programs

[60] "Mine Victim Assistance: Status Report Croatia," presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, 4 February 2003.

[61] "National Strategy of Unique Policy for the Disabled from 2002 until 2006," Republic of Croatia, 2002; interview with Dr Ružica Tadić, State Institute for the Protection of Family, Maternity and Youth, Zagreb, 15 February 2003; and interview with Dr Suzana Skoko, Ministry of Health, Zagreb, 20 February 2003.

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THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA (FYR Macedonia)

Background

On 8 September 1991, Macedonians voted to leave the Yugoslav federation. The Former Yugoslav Republic of Macedonia became a member of the United Nations on 8 April 1993. During the early 1990s, FYR Macedonia received large numbers of refugees from Bosnia and Herzegovina, and later from Kosovo. According to the census conducted in November 2002, FYR Macedonia has a population of 2,061,800 people, including 23,741 foreigners who are mainly refugees or displaced persons living in the country.[1] There are no accurate statistics on the number of persons with disabilities in FYR Macedonia; however, the NGO PolioPlus Movement Against Disability, in partnership with the Macedonian Helsinki Committee for Human Rights is conducting a sample census on disabled people in the country.[2]

Scale of the Landmine Problem

In its first Article 7 transparency report submitted on 25 May 1999, FYR Macedonia stated that it was not mine-affected, though several of its neighbors had laid mines on their side of the borders. Yugoslavia dramatically increased the number of minefields along the border during the 1999 war in Kosovo, and these posed a danger to Macedonians and refugees in the border areas.[3]

From March to August 2001, ethnic Albanian insurgents fighting the FYR Macedonia government began using landmines, especially antivehicle mines. At the end of May 2001,

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[1] Government of the Former Yugoslav Republic of Macedonia, "Macedonia has 2,038,059 citizens," 16 January 2003, available at www.reliefweb.int (accessed 16 August 2003)

[2] Information provided at www.polioplus.org.mk/legislative.htm (accessed 24 August 2003)

[3] International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, p. 687.

the rebels announced their intention to mine the water supply to Kumanovo and a nearby chemical plant. The insurgents occupied Aracinovo village, just 10 kilometers from the capital of Skopje, for several weeks before pulling out on 26 June 2001. FYR Macedonia forces subsequently encountered landmines in the village and undertook clearance operations. The media has also reported on mine clearance activities by government forces following combat with the rebels in a number of different places, including Vejce, Tetovo, and villages on the Shara mountain, and Tanusevci. Although government representatives had declared on several occasions that FYR Macedonia was not mine-affected, and that all mines on the border were on Yugoslav territory, inhabitants of the village of Jazince claimed that in 1999 the Yugoslav People's Army planted mines at three locations two kilometers inside Macedonian territory.[4]

In August 2001, the UN Mine Action Coordination Centre (MACC) in Kosovo carried out a two-day assessment of contamination by mines and unexploded ordnance (UXO) in FYR Macedonia. The assessment team reported that "by far the greatest threat in the area is that posed by UXO. Where mines have been used they are very specific and localized and are generally not present at the same locations as concentrations of UXO."[5] By mid-July 2002, about 55 villages were still affected, preventing the return of an estimated 8,000 people.[6]

The FYR Macedonia Ministry of the Interior maintains a specialist Explosive Ordnance Disposal (EOD) capability, consisting of four units. The military also maintain a small engineer capacity capable of resolving small mine clearance and/or obstacle tasks. In September 2001, the United Nations Mine Action Service (UNMAS) opened a Mine Action Office (MAO) in Skopje, to coordinate mine action responses by various agencies and to develop a strategy aimed at rapid implementation of mine action, especially clearance and mine risk education.[7] Coordination of mine clearance activities was due to be handed over to the national authorities in June 2003.[8]

FYR Macedonia also has a UXO problem in the south of the country, dating from World Wars I and II. Clearance was being planned, but had not been budgeted for by the government. The Mine Action Office in Skopje has investigated the affected area known as the "Salonika/Thessalonika line," which consists of a World War I-era frontline trench stretching for approximately 250 kilometers from Ohrid to Gevgelija. Between in 1965 and 2002, 21,037 items of UXO were found and destroyed from the area.[9]

Landmine Casualties and Data Collection[10]

Since 1965, at least 220 mine/UXO casualties have been reported in FYR Macedonia, of which 35 people were killed and 185 injured.

The UN Mine Action Office (UNMAO) in Skopje uses the Information Management System for Mine Action (IMSMA) to maintain and monitor information relating to mines and mine action in the mine-affected areas of FYR Macedonia near the border with Serbia and Montenegro (Kosovo). Information on mine/UXO casualties is provided by the International Committee of the Red Cross (ICRC), KFOR, NATO EOD Team, NATO

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4 International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, August 2001, pp. 735–736.
5 UN Interim Administration Mission in Kosovo, "UNMIK MACC Update - 10/08/2001," 10 August 2001.
6 "UNMAS Update" in Mine Action Support Group, "Newsletter: December 2002," p. 13.
7 International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, August 2002, p. 333.
8 Interview with Sandy Powell, Project Manager, UN Mine Action Office, Skopje, 29 April 2003.
9 Ibid.
10 All information in this section provided by Sandy Powell, Project Manager, and Vesna Mirkoska, Assistant, UN Mine Action Office, Skopje, 29 April 2003, unless otherwise stated.

Cooperation and Coordination Cell (NCCC), NATO Task Force Fox (TFF), and staff of the UNMAO.

To the end of April 2003, 26 incidents were recorded in the database, of which 12 reported casualties. The majority of reported incidents are attributed to antitank mines. Recorded mine casualties in FYR Macedonia are mainly soldiers and peacekeepers. Since January 2001, 47 mine/UXO casualties have been recorded in the UNMAO database, of which 17 people were killed and 30 others injured.

However, Landmine Monitor information on five of the 14 incidents where no casualties were recorded by UNMAO, and two other unrecorded incidents, indicates that another four soldiers have been killed and 13 injured since 1999.[11] In 1999, the NATO spokesman in Skopje stated that three soldiers were injured when they activated a landmine near the border with Kosovo, about four kilometers from the village of Malina. In September 2000, a soldier was injured when an army vehicle hit an antivehicle mine near the Kosovo border. On 4 March 2001, two soldiers were killed and one seriously injured when they drove over a mine near Ramno, seven kilometers from the Albanian-occupied village of Tanusevci. On 28 March 2001, an army officer was killed and two soldiers were injured when their vehicle hit a landmine near the village of Tanusevci. On 10 April 2001, three soldiers were injured when a mine exploded under their vehicle near the village of Gosince close to the border with Kosovo. On 5 May 2001, a Macedonian soldier lost both his legs after his vehicle hit a landmine. On 30 May 2001, a Macedonian officer was killed and two soldiers were injured when their vehicle ran over a landmine in hills north of Skopje. In addition to the military casualties, Macedonian authorities reported in 1999 that seven Kosovo Albanians were killed and 16 injured by landmines near the border, while trying to enter the country illegally.

According to the UNMAO database, in 2001, 38 new mine/UXO casualties were recorded, including 14 killed and 24 injured. Recorded casualties in 2001 include an incident on 19 July when a European Union Monitoring Mission vehicle was destroyed by an antitank mine on a track near Novo Selo; the three occupants (a Norwegian, a Slovak, and an Albanian interpreter) were killed. On 29 July 2001, one woman was killed and her son injured when their car detonated a mine near Zilce. On 10 August 2001, eight soldiers were killed and eight injured when an army truck ran over a mine near Ljubanci, north of Skopje. On 4 December 2001, one child was killed and five others injured by an unexploded grenade they had found in Brvenica, near Tetovo.

In 2002, four new mine/UXO casualties were recorded in the MAO database in Skopje; one person was killed and three injured. On 8 May 2002, a KFOR vehicle carrying a mine clearance team detonated a mine in the Lesnica area, northeast of Tetovo, which killed an Italian soldier and injured a German soldier. On 3 November, two policemen were injured by a booby-trap near St Bogorodica monastery in Matejce.

Casualties continue to be reported in 2003. On 4 March, two Polish soldiers serving with KFOR were killed and three civilians injured when the vehicle they were traveling in detonated a landmine on the road between Sopot and Sicevo, northeast of Skopje.

Of the 17 fatalities recorded in the UNMAO database since 2001, 14 died at the site of the incident. Limited information is available on seven civilian survivors. All sustained multiple injuries to the chest, abdomen, head, neck, buttocks, upper limbs or lower limbs. No civilian mine/UXO survivors reported the loss of a limb.

In addition to the data maintained in the UNMAO database, FYR Macedonia continues to report casualties in the south of the country from unexploded ordnance dating back to World War I and II. Between 1997 and 2000, five people were killed and another 30 injured in UXO incidents in the popular tourist destination of Struga. Between 1965 and

[11] See *Landmine Monitor Report 2001*, pp. 737–738.

2002 eight people were killed and 111 injured in the Bitola region. In Gevgelija, one person was killed and another injured by UXO. Details of the type of injuries suffered was not available, however, the survivors of these UXO incidents would also require ongoing medical and physical rehabilitation, and social and economic support.

The number of mine survivors among the refugee population is not known.

Emergency and Continuing Medical Care[12]

The Kosovo Mine Action Coordination Center reported in August 2001 that FYR Macedonia "has a well-developed medical and hospital system and should be more than capable of dealing with any mine/UXO casualties."[13] However, the World Health Organization reports that public health services in the country have suffered from a decade of regional instability and difficulties in socioeconomic transition, exacerbated by the influx of refugees following the 1999 Kosovo crisis.[14]

In 2000, the public health sector comprised of 11 preventive health care institutes, three health stations, 18 health centers providing primary health care in small cities, 16 medical centers providing primary and secondary health care, 15 specialist hospitals, one general hospital, a clinical center (university hospital) with 28 specialist clinics, six self-managing pharmacies, and a number of other medical and dental tertiary centers. Most are housed in relatively new single-purpose facilities. However, hospitals reportedly lack adequately trained staff and medical equipment is often old and in a poor state of repair. Generally, the provision of health care is poor in rural areas. The only specialist accident and emergency unit is at the Clinical Center in Skopje. Although all citizens are entitled to health care, a lack of funding reportedly limits the availability of services.

When the Kosovo crisis erupted in 1999, FYR Macedonia was ill-equipped to handle the flood of refugees. There were numerous reports of landmine casualties as thousands of refugees crossed into the country during 1999. Relief agencies, already overtaxed by the sheer numbers of incoming refugees, had few resources to assist mine-related casualties. Provisional medical centers were established at the border. Most casualties were transported to hospitals in Skopje, or Tetovo, an hour outside the capital.[15]

The World Health Organization (WHO) continues to work closely with the Ministry of Health (MOH), and other international agencies, to coordinate health care in conflict-affected areas.[16] A rapid health assessment in the conflict-affected areas conducted by the WHO and MOH in October 2001 identified several areas of concern:

- A strong urban bias of health personnel – one doctor per 303 inhabitants in Skopje compared to one to 799 in Kumanovo and one to 890 in Tetovo.
- Poor maintenance of health facilities – an estimated 85 percent of clinics in need of repair and maintenance and 32 percent in need of complete reconstruction.
- A lack of essential equipment.

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[12] Detailed information on health care in FYR Macedonia is provided in European Observatory on Health Care Systems, "Health Care Systems in Transition: The Former Yugoslav Republic of Macedonia, 2000," available at www.euro.who.int/document/e72508.pdf and European Observatory on Health Care Systems, "Health Care Systems in Transitions, HiT summary: The former Yugoslav Republic of Macedonia, 2002," available at www.observatory.dk. Unless otherwise stated information in this section is taken from these two reports.

[13] UN Interim Administration Mission in Kosovo, "UNMIK MACC Update - 10/08/2001," 10 August 2001.

[14] World Health Organization, Department of Emergency and Humanitarian Action, "Former Yugoslav Republic of Macedonia," June 2000, p. 1.

[15] *Landmine Monitor Report 2000*, p. 688.

[16] World Health Organization, Department of Emergency and Humanitarian Action, "Former Yugoslav Republic of Macedonia," June 2000, p. 1, and UN Office for the Coordination of Humanitarian Affairs (OCHA), "Former Yugoslav Republic of Macedonia: Humanitarian Strategy – 2003," 31 December 2002, available at www.reliefweb.int (accessed 16 August 2003).

- A shortage of drugs – 82 percent of medical facilities and 56 percent of clinics reported shortages.
- Polarization between ethnic groups resulting in an increasing tendency to create separate structures, exacerbating problems of resource allocation.[17]

During most of 2001, the ICRC was the only international humanitarian organization with access to the conflict-affected areas. The ICRC supplied medical and surgical supplies to hospitals in Skopje, Tetovo and Kumanova, the State University Hospital, City Hospital, the Military Hospital, and the Special Police Forces Rescue Unit for the treatment of 650 war-wounded patients, including mine/UXO casualties. The ICRC also assisted with the evacuation of the injured to the hospitals.[18]

Other international agencies supporting and rebuilding the health care infrastructure in the conflict-affected areas include the French NGO Solidarités, an implementing partner of the European Community Humanitarian Office (ECHO), and the American Red Cross.[19] The NGO, International Rescue Committee, has provided health care and other services to displaced persons, refugees and other vulnerable communities, including assistance to persons with disabilities.[20] The NGO, Doctors Worldwide (DWW) has also assisted the health care system in the conflict areas with the supply of over $150,000 worth of donated medical equipment. DWW also plans to establish a polyclinic and mobile health unit to access under-serviced areas.[21]

According to the UNMAO database, of the seven civilian mine survivors where information was available, three reached a hospital within 20 minutes of the explosion, one within 30 minutes, two within one hour, and one within two hours. Mine clearance teams are equipped with state of the art ambulances and trained medics who can respond quickly to any accident or incident, and NATO is on standby to provide helicopter evacuation of casualties if necessary.[22] However, accessibility to continuing medical care could be problematic with some villages in rural areas having no means of public transport to health facilities.[23]

The Clinic for Orthopedic Surgery has two facilities; one located within the Clinical Center in Skopje and the other in the Aerodrom settlement also in Skopje. The clinic has 200 employees, including 26 specialists in orthopedic surgery, five specialists in anesthesiology, one pediatrician, one psychiatrist, and four other specialist doctors. The Clinic has 160 beds, three operating theatres, and two intensive care units. Other facilities include physical therapy rooms, X-ray rooms, laboratories, a department for spinal injuries, and a pain center. About 2,000 people are surgically treated each year, including some mine casualties. The Clinic is a referral center in the region and also assists people from neighboring countries.[24]

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[17] United Nations, Humanitarian Update, Former Yugoslav Republic of Macedonia, March 2002, pp. 3–4.
[18] ICRC, "ICRC Special Report, Mine Action 2001," Geneva, July 2002, pp. 32–33.
[19] World Health Organization, "Health Action – in the former Yugoslav Republic of Macedonia," Newsletter of the WHO Emergency Preparedness and Response Programme, May 2002, p. 2.
[20] International Rescue Committee, "Annual Report 2001-2002," p. 29, and "Annual Report 2002-2003," p. 21, available at www.theirc.org
[21] Information provided by Doctors Worldwide, available at www.doctorsworldwide.org/projects/macedonia.htm (accessed 28 April 2003).
[22] Interview with Sandy Powell, Project Manager, UN Mine Action Office, Skopje, 29 April 2003.
[23] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002, pp. 76–77; see also information provided by Doctors Worldwide, available at www.doctorsworldwide.org/projects/macedonia.htm (accessed 28 April 2003).
[24] Information provided in email from Goran Caloski, Manager, Slavej A.D. Orthopedic Center, 17 August 2003.

The Ministry of Defence provides health care services free-of-charge to soldiers and their families in their own military hospitals. It also provides services to civilians under a contract with the health insurance fund. No specific details are available on the facilities available. The Military Hospital reportedly provides the best level of health care available in FYR Macedonia, although even this hospital lacks equipment and suitably trained staff.[25]

Physical Rehabilitation (including prosthetics/orthotics)

Physical rehabilitation facilities are available to persons with disabilities, including mine survivors, at medical centers and hospital clinics; however the main facilities are located in the capital, Skopje.

The Institute for Physical Medicine and Rehabilitation in Skopje is the principal center for rehabilitation in the country, and is the education base for the Medical faculty of the University of Skopje. The institute provides facilities for orthopedic and surgical interventions and rehabilitation for all forms of physical disability. The institute employs 170 staff including 19 specialist doctors, 40 physiotherapists, 36 nurses, a psychologist and a social worker, and 20 medical technicians. The institute is equipped with 215 beds, four physiotherapy rooms, three rooms for occupational therapy, and facilities for electrotherapy, thermotherapy, hydrotherapy, and a swimming pool.[26]

The Slavej A.D. Orthopedic Center, also located within the Clinical Center in Skopje, is the only facility in the country providing orthopedic devices. It has the capacity to produce 20 – 25 upper or lower limb prostheses per month. The center employs fifty people including one doctor, a prosthetic engineer, and 14 orthopedic technicians. Orthopedic technicians received their training at the Otto Bock Adria education center in Croatia. With funding from the German government and German NGO, Johanniter Unfall Hilffe, the center has been renovated and reequipped with the latest Otto Bock technology. Slavej A.D. works in close cooperation with the Institute for Physical Medicine and Rehabilitation and the Clinic for Orthopedic Surgery.[27]

There is reportedly a need for training for physiotherapists in order to provide adequate rehabilitative care. The Clinical Center has only three degree-trained physiotherapists; two were trained in Belgrade and one in Zagreb. Other physiotherapists at the center were trained at vocational secondary schools. There are few opportunities for physiotherapists to learn new techniques.[28]

In the second half of 2001, Handicap International, working with local NGOs Horizonti in Skopje, SOS in Kumanovo, and Handicap Tetovo in Tetovo, assisted the disabled population in conflict-affected areas with the supply of orthopedic and relief material. Over 1,200 people benefited from the program; however it is not known if any were mine survivors. Funding for the program was provided by UNHCR.

In 2002, the ITF provided resources for mine survivor assistance in FYR Macedonia. Seven mine survivors were rehabilitated and fitted with prostheses at the Institute for Rehabilitation in Slovenia.[29]

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[25] Interview with Sandy Powell, Project Manager, UN Mine Action Office, Skopje, 29 April 2003.

[26] Information provided in email from Goran Caloski, Manager, Slavej A.D. Orthopedic Center, 17 August 2003.

[27] Ibid.

[28] Interview with Cathriona McCauley, Disability Project Coordinator, Handicap International, Skopje, 28 April 2003.

[29] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

Psycho-Social Support

Services providing social care for persons with disabilities, including mine survivors, are reportedly poorly developed;[30] due in part to a lack of government resources.[31] The ICRC, NGOs and UN agencies have provided psycho-social support within their programs for displaced persons.[32] No information is available on programs that have assisted mine survivors.

UNICEF and the WHO have been working with the Ministry of Labour and Social Policy, Ministry of Health, and Ministry of Education to ensure that every clinic, school, and center for social work has at least two trained staff to provided psychosocial support to individuals suffering from conflict-related stress and trauma.[33]

The ICRC psycho-social support program focuses on detainees and the families of missing persons. The ICRC works with a network of local institutions including the Department of Social Welfare, hospitals, and NGOs. It would be possible to include mine survivors in the program, who would be referred to appropriate services as required.[34]

Vocational Training and Economic Reintegration

In the FYR Macedonia unemployment is running at around 35 percent.[35] Almost one quarter of the population is living below the poverty line.[36] With high levels of unemployment and poverty, opportunities for the economic reintegration of mine survivors and other persons with disabilities are limited.

UNDP is implementing programs to facilitate job creation and NGOs are also increasing their focus on vocational training and income generation projects to support vulnerable groups.[37] However, no information is available on programs that have assisted mine survivors.

Capacity Building

FYR Macedonia has a large health care workforce; however, the number of advanced and intermediate health care workers in primary care is below national targets. The University of Skopje provides training for physicians, dentists and pharmacists. Post-graduate training courses for physicians working in primary health care services are provided by hospitals. Fully trained physicians are paid a salary of between 12,000 and 18,000 denars (about $180-$275) per month. Training for nurses and other health care professionals, including physiotherapists, is provided by vocational secondary schools.

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[30] European Observatory on Health Care Systems, "Health Care Systems in Transitions, HiT summary: The former Yugoslav Republic of Macedonia, 2002," p. 6.

[31] US Department of State, "Country Reports on Human Rights Practices – 2002: The Former Yugoslav Republic of Macedonia," Bureau of Democracy, Human Rights and Labor, Washington, 31 March 2003.

[32] UN Office for the Coordination of Humanitarian Affairs (OCHA), "Former Yugoslav Republic of Macedonia: Humanitarian Strategy – 2003," 31 December 2002, available at www.reliefweb.int (accessed 16 August 2003).

[33] United Nations, Humanitarian Update, Former Yugoslav Republic of Macedonia, March 2002, p. 5.

[34] Interview with Fitim Hoxha, Field Officer, Protection Assistant, ICRC, Skopje, 30 April 2003.

[35] UN Office for the Coordination of Humanitarian Affairs (OCHA), "Former Yugoslav Republic of Macedonia: Humanitarian Strategy – 2003," 31 December 2002, available at www.reliefweb.int (accessed 16 August 2003).

[36] Ministry of Finance, "Poverty Reduction Strategy – Path Without Compromises," *Bulletin 4/2002*, available at www.finance.gov.mk (accessed 16 August 2003).

[37] UN Office for the Coordination of Humanitarian Affairs (OCHA), "Former Yugoslav Republic of Macedonia: Humanitarian Strategy – 2003," 31 December 2002, available at www.reliefweb.int (accessed 16 August 2003).

Students are admitted between the ages of 15 and 19 for training which is followed by a six-month internship.[38] A trained physiotherapist earns about $160 per month.[39]

Currently, the ITF is providing funding for one student from FYR Macedonia to study prosthetics and orthotics at the College for Health Studies at the University of Ljubljana in Slovenia. Since 1998, one other health care professional completed their rehabilitation training in Slovenia.[40]

In June 2001, Handicap International provided skills training for 16 physiotherapists from the Orthopedic Clinic and Institute for Physical Medicine and Rehabilitation, but more training is needed to learn new techniques and improve the quality of rehabilitation. Handicap International also recognized the need for training in occupational therapy, practical training for orthopedic technicians, and seminars for physicians on the treatment of persons with disabilities.[41]

In November 2001, the ICRC in cooperation with the Macedonian Surgical Association organized a surgical seminar for 156 physicians.[42]

Disability Policy and Practice

Three laws (and their subsequent amendments) in particular are intended to benefit persons with disabilities, including mine survivors: the 1997 Law on Social Protection, the 1993 Law on Pension and Disability Insurance, and the 2000 Law on Employment of Disabled Persons. Social protection, including access to welfare and social services and financial assistance, for mine survivors and other persons with disabilities is financed through the state Budget. The maximum amount of financial assistance available is 4,200 denars (about $65) a month for a family of five people; however this amount is reportedly insufficient and many beneficiaries continue to live in poverty.[43]

Under the Law on Employment of Disabled Persons a special fund was established for the purpose of modifying workspaces and purchasing machinery and equipment to facilitate the employment of persons with disabilities. In 2001, 98 persons with a disability were employed under this scheme.[44]

Persons Discrimination against persons with disabilities is prohibited by law; however the law is reportedly not enforced.[45]

The NGO, PolioPlus, has established the Disability Rights Inter-party Parliamentary Lobby Group in FYR Macedonia. The group is focusing on disability rights and the

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[38] European Observatory on Health Care Systems, "Health Care Systems in Transition: The Former Yugoslav Republic of Macedonia, 2000," pp. 9–10, 36, 41–50; and European Observatory on Health Care Systems, "Health Care Systems in Transitions, HiT summary: The former Yugoslav Republic of Macedonia, 2002," pp. 6–8.

[39] Interview with Cathriona McCauley, Disability Project Coordinator, Handicap International, Skopje, 28 April 2003.

[40] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[41] Handicap International, "Information Letter: No. 6," Skopje, 6 February 2002; and interview with Cathriona McCauley, Disability Project Coordinator, Handicap International, Skopje, 28 April 2003.

[42] ICRC, "ICRC Special Report, Mine Action 2001," Geneva, July 2002, p. 33.

[43] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002, pp. 64–65, 72. See also www.natlex.ilo.org

[44] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002, p. 18.

[45] US Department of State, "Country Reports on Human Rights Practices – 2002: The Former Yugoslav Republic of Macedonia," Bureau of Democracy, Human Rights and Labor, Washington, 31 March 2003.

introduction of a Disability Discrimination Act. PolioPlus is also active in raising awareness of disability issues and promoting the rights of the disabled in the country.[46]

Handicap International is also active in raising awareness of disability issues and building capacity among local disability NGOs. Activities have included the organizing of a conference and round-table meetings to discuss issues affecting persons with disabilities.[47]

Mine survivors and other persons with disabilities are covered by the Health Care Law of August 1991, which governs the current healthcare system in FYR Macedonia and sets out the responsibilities of the individual, the employer, and the State in the provision of health services. To protect the principle of universal access to health care, a system of compulsory health insurance was established. The Health Insurance Fund is responsible for compulsory health insurance, the professional supervision on health care workers, and developing and maintaining data related to health care activity and insurance coverage. The public health sector receives 95 percent of its funding from compulsory health insurance and user charges, with only about 2.5 percent provided by the state budget and the balance from other sources such as aid.[48]

Basic health care includes emergency medical care and ambulance transport if necessary, inpatient specialist care including rehabilitation, outpatient specialist care, some drugs and orthopedic devices as identified in national guidelines. Excluded from basic health care is rehabilitation of over 30 days, drugs, prostheses and orthopedic devices not included in national guidelines, and the provision of new prostheses and other orthopedic devices before their expiration date.

Mine survivors and other persons with disabilities are covered by the compulsory health insurance which is payable at a rate of approximately 12 percent of a notional basic indicator (either 70 percent of the minimum wage or 65 percent of average earnings). Payment is provided by the relevant national authority for those in social care, including the disabled and veterans of the National Liberation War.

Since 1994, an amendment to the Health Care Law reintroduced a system of co-payment for health care services. For example, patients must pay 120 denars (approx US$1.75) a day for in-patient care, 20 percent of the cost of health services, and 50 percent of the price of orthopedic devices.[49] However, exemptions are available for emergency care, aids and prostheses for children under the age of 18-years, and special cases.

Coordination and Planning

The number of landmine survivors requiring rehabilitation and assistance in FYR Macedonia is small and there are no specific programs or plans to assist this particular group. Instead, mine survivors use the facilities and services that are available to all persons with disabilities. However, the state reportedly does not take adequate care of the disabled, assistance is irregular and insufficient, and beneficiaries lack information on entitlements and available assistance.[50]

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[46] Information provided at www.polioplus.org.mk/legislative.htm (accessed 24 August 2003)

[47] Handicap International, "Information Letter: No. 6," Skopje, 6 February 2002.

[48] Unless otherwise stated information in this and subsequent paragraphs in this section is taken from European Observatory on Health Care Systems, "Health Care Systems in Transition: The Former Yugoslav Republic of Macedonia, 2000," and European Observatory on Health Care Systems, "Health Care Systems in Transitions, HiT summary: The former Yugoslav Republic of Macedonia, 2002."

[49] Average earnings, in 2000, were reportedly about 10,000 denars (US$146) per month.

[50] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002, p. 108.

The Ministry of Health, established in 1991, is responsible for developing policy and laws in relation to the national health care system. Prior to the transition to an independent country there was no central planning or management of resources, and little pre-existing capacity. Capacity building is this area has been given a high priority. The WHO is providing technical support to the Ministry of Health in areas including the development of a national health policy, strengthening the health information system, and education and training for nurses.[51]

The Ministry of Labour and Social Policy is responsible for social welfare and social insurance and contributes to the health insurance fund on behalf of "social cases."[52] The Ministry is also responsible for implementation of the relevant laws and the creation of policy relating to persons with disabilities, and other persons in need.[53]

The "National Strategy for Poverty Reduction in the Republic of Macedonia" includes recommendations for reforms to improve the efficiency and accessibility of the health care system and to enhance the social protection system.[54]

Key Challenges in Providing Adequate Assistance in FYR Macedonia

- Access to appropriate health care and rehabilitation facilities
- Affordability of appropriate health care and rehabilitation
- Raising awareness of facilities, rights and benefits available for mine survivors and other persons with disabilities
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians

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[51] European Observatory on Health Care Systems, "Health Care Systems in Transition: The Former Yugoslav Republic of Macedonia, 2000," p. 8, 11–12; and .Biennial Collaborative Agreement between the Ministry of Health of the former Yugoslav Republic of Macedonia and the Regional Office for Europe of the World Health Organization 2002/2003, pp. 3–4, available at www.who.dk

[52] European Observatory on Health Care Systems, "Health Care Systems in Transition: The Former Yugoslav Republic of Macedonia, 2000," p. 10.

[53] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002, p. 64.

[54] Committee for the preparation of the National Strategy for Poverty Reduction in the Republic of Macedonia, "National Strategy for Poverty Reduction in the Republic of Macedonia," Ministry of Finance, Government of the Republic of Macedonia, August 2002.

SERBIA AND MONTENEGRO

Background

The new federal state of Serbia and Montenegro came into effect on 4 February 2003, following the constitutional restructuring of the Federal Republic of Yugoslavia (FRY). The FRY was established after the disintegration of the Socialist Federal Republic of Yugoslavia (SFRY) and consisted of two Republics: Serbia and Montenegro. The Republic of Serbia had two autonomous provinces, Kosovo and Vojvodina, which were administratively part of the Republic of Serbia. The FRY had been involved in armed conflict in one way or another almost since the disintegration of the SFRY.

Early in 1999 the United Nations, the Organization for Security and Cooperation in Europe and the European Union demanded that the FRY cease repressive measures against ethnic Albanians in Kosovo, withdraw its Army and police units from Kosovo, and enable UN peacekeeping forces and international civilian missions to enter and operate in the province. The Yugoslav authorities responded to these demands by increasing repressive measures and expelling ethnic Albanians from Kosovo.

On 24 March 1999 NATO started an air campaign against FRY that lasted until 9 June 1999. During this time the Kosovo Liberation Army (KLA) conducted military operations against Serbian forces in Kosovo. Under UN Resolution 1244, the province was placed under the administrative control of the United Nations. Throughout this most recent conflict, landmines were used by both the Yugoslav army and the KLA.

From 1991 to 1995, the FRY assisted around 600 landmine casualties from the war in Croatia and Bosnia and Herzegovina in specialized clinics in Belgrade. The government provided surgical treatment and hospitalization, physical and psychological rehabilitation, and all necessary prosthetic and mobility devices. The government also started a program for the social and economic reintegration of landmine survivors. Continued assistance for landmine survivors became a big problem for the government, particularly for the Ministry of Health. In 1991 and 1992, the International Committee of the Red Cross (ICRC) and Handicap International supported mine victim assistance programs.[1]

In 2001, Handicap International and the Center for Policy Studies conducted a national study on disability in Serbia which found that between 4.5 percent and 6.4 percent of the population has some form of disability, or 350,000 to 500,000 people; 34 percent live with their families on a monthly income of US$17-28.[2] The total population in Serbia and Montenegro is about 10.5 million people.[3]

Scale of the Landmine Problem[4]

In March 2003, the Mine Action Center estimated that 39 million square meters of Serbia and Montenegro may be contaminated by landmines and cluster munitions. Unexploded cluster munitions in 14 locations account for 29 million square meters, and landmines account for 10 million square meters.

The most mine-affected area is in the vicinity of Jamena village, on the tri-border with Croatia, and Bosnia and Herzegovina, covering 40,500 meters of Serbia. It is estimated that there are around 7,200 antipersonnel and 3,800 antivehicle mines in 103 minefields from 100 to 3,000 meters wide and stretching for about 40,500 meters. The mined area is partly covered by a dense oak forest, and partly by agricultural land intersected by drainage canals. Due to the mines, the fields have not been cultivated for over a decade; the canals are filled up and the land is often flooded.

The main locations of cluster munition contamination are Sjenica, Kopaonik, Merdare, Niš airport, Kraljevo, Cacak, and Vladimirci.

The Mine Action Center for Serbia and Montenegro was formed on 7 March 2002 as part of the Federal Ministry of Foreign Affairs. The Center acts as a coordinating mine action body at the federal level. The Center has proposed legislation pertaining to demining, collected data on mined and suspected areas, developed projects for demining,

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1 International Campaign to Ban Landmines, *Landmine Monitor Report 1999*, Human Rights Watch, New York, April 1999, pp. 834–835.

2 Handicap International, "Review of Activities 2001-2002," p. 130.

3 Serbia and Montenegro, UNDP Development Indicators 2003, available at http://www.undp.org/hdr2003/indicator/cty_f_YUG.html (accessed 31 August 2003).

4 For more information see International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, New York, August 2002, pp. 790–791; and International Campaign to Ban Landmines, *Landmine Monitor Report 2003*, Human Rights Watch, New York, August 2003.

and maintains a database using the Information Management System for Mine Action (IMSMA).[5]

Landmine/UXO Casualties and Data Collection

The total number of landmine survivors in Serbia and Montenegro is not known. In the past, there was no comprehensive federal or local register of mine casualties. No information is available on mine casualties in the tri-border with Croatia, and Bosnia and Herzegovina. Limited data is available for southern Serbia from various sources including the Ministry of Internal Affairs, the ICRC, the media, and health facilities.

In 1997, twelve people with landmine injuries were reported. In 1998, when armed conflict in Kosovo became more serious, 30 new mine and unexploded ordnance (UXO) casualties were reported including 20 people killed and 10 injured. By mid-March 1999, thirteen new landmine casualties were reported. There is little information available regarding Yugoslav casualties from mines during the fighting in Kosovo in 1999.[6]

In the period 1999 to 2001, the ICRC recorded 40 civilian mine/UXO casualties: in 1999, two people killed and four injured; in 2000, five killed and 18 injured; and in 2001, three people killed and eight injured by mines/UXO. The ICRC also recorded 55 military mine/UXO casualties in the same period: eight in 1999, 25 in 2000, and 22 in 2001.[7]

In 2002, at least five people were injured in landmine and UXO incidents. The ICRC recorded three civilians injured in mine/UXO incidents including an incident in May 2002, when a man stepped on an antipersonnel mine while collecting mushrooms and sustained serious injuries, and in July, two children were injured in an incident involving UXO.[8] In another reported incident, on 27 April, two soldiers were injured when their vehicle detonated an antivehicle mine, near the village of Dobrosin.[9]

Of the 43 civilian mine/UXO casualties reported by the ICRC since 1999, 38 were male and five female. Six were under 10-years-of-age (14 percent), 18 were aged 11-20 (42 percent), ten were aged 21-30 (23 percent), six were aged 31-40 (14 percent), and three aged 41-50 (7 percent). The type of injury suffered in the incident included three below-knee amputations, one foot amputation, one eye injury, 26 with fragmentation injuries to the upper body and arms, and ten with fragmentation injuries to the lower body and legs.[10]

Casualties continue to be reported in 2003. In February, a Serbian policeman was killed and two others injured when their vehicle hit an antivehicle mine near Bujanovac.[11]

In November 2000, it was reported that more than half of the 1,500 war-wounded persons admitted to the Institute for Orthopedics and Prosthetics from Bosnia and

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[5] Letter no. 2948 from Petar Mihajlović, Director, Mine Action Center, Belgrade, 13 March 2003. The literal translation of the title is the Center for Removing Mines and Other Unexploded Ordnance, but the English version the Center uses is the Mine Action Center.

[6] For more details on landmine and UXO casualties see *Landmine Monitor Report 1999*, p. 834; International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, p. 857; International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, New York, August 2001, pp. 926–928; *Landmine Monitor Report 2002*, p. 793.

[7] Information provided by Zeljko Lezaja, Communications Assistant/Mine Awareness Coordinator, ICRC, 15 April 2003.

[8] Interview with Zeljko Lezaja, Communications Assistant/Mine Awareness Coordinator, ICRC, 15 April 2003.

[9] "Two soldiers injured in land mine explosion near Kosovo border," *Associated Press*, 28 April 2002.

[10] Information provided by Zeljko Lezaja, Communications Assistant/Mine Awareness Coordinator, ICRC, 15 April 2003. It should be noted that the total for the types of injury does not equal the number of survivors as some individuals suffered more than one type of injury.

[11] "US, UN Deny Serb Allegations as Rebels Claim Responsibility," *Kathimerini*, 25 February 2003, "Serbs, Ethnic Albanians Brace for More Conflict in Southern Serbia," *Kathimerini*, 26 February 2003; and Jovana Gec, "One policeman killed, two injured in volatile south", *Associated Press*, 23 February 2003.

Herzegovina and Croatia in the period 1991 to 2000 were injured by antipersonnel mines, and 75 percent of them were soldiers at the time of the incident. The majority were between 19 and 30 years of age. Of the landmine survivors, 25 percent were women and 10 to 15 percent were children. Leg injuries accounted for 60 percent of injuries, thigh injuries 29 percent, upper arm injuries seven percent, and four percent were injuries to the forearm.[12]

Serbian nationals have also been injured by landmines while abroad. In January 2003, two deminers from Serbia and Montenegro were injured during a mine clearance operation in Lebanon; one lost a leg in the accident.[13]

In 2003, the Mine Action Center began collecting data on mine survivors to identify assistance already received and future needs. Reported new mine/UXO casualties will also be recorded in their database.[14]

Although precise figures are not available, Serbia and Montenegro continues to support significant numbers of mine survivors in the refugee population from Croatia, Bosnia and Herzegovina, and Kosovo. The local association, *Dobra Volja* (Goodwill) in Belgrade, has around 500 members who are mostly refugees from Croatia and Kosovo; about 75 percent are mine survivors.[15]

Emergency and Continuing Medical Care

The FRY had well-developed surgical and rehabilitation services for mine survivors, as well as reintegration programs. However, the lack of resources, caused by the economic situation, has affected the quality of health care services. In the Serbia and Montenegro, there are several Health Clinic Centers which all have both surgical and orthopedic capabilities. The Military Health Academy Institute, in Belgrade, is well known for its surgical and orthopedic specialties. Beside the Clinic Centers of Serbia and the Military Health Academy, Belgrade has several clinics with surgical and orthopedic capacities. Under the health insurance system, all citizens are entitled to free surgical and orthopedic treatment. With the medical infrastructure throughout the country, a landmine casualty can usually reach specialized medical treatment within three hours of the incident.[16]

In 2002, several donor projects sought to improve the quality of health care. The European Agency for Reconstruction (EAR) provided €12.25 million (approx. US$13.5 million) for the supply of new equipment for surgical centers in the Republic of Serbia, including equipment for operating rooms and intensive care units, monitors, operating tables, and the repair of old equipment.[17] The International Rescue Committee is also working with the Ministry of Health to improve health services in southern Serbia.[18]

In the past, the ICRC donated emergency surgical kits to major hospital in the FRY, including Vranje, KBC Niš, Military Hospital Niš, Emergency Center Belgrade, and KBC Zvezdara Belgrade.[19]

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[12] *Landmine Monitor Report 2001*, p. 928.
[13] "Miner Loser Leg," *Danas*, 13 January 2003, p. 3; and Aleksandar Roknić, "VJ Experts are Not in Lebanon," *Danas*, 15 January 2003, p. 1.
[14] Interview with Petar Mihajlović, Director, Mine Action Center, Belgrade, 16 April 2003.
[15] Interview with Golko Dmitrović, Žarko Jokić, and Nikola Barišić, mine survivors and members, *Dobra Volja*, Belgrade, 14 April 2003.
[16] *Landmine Monitor Report 1999*, p. 835.
[17] Official information provided by Professor Tomica Milosavljević, Minister of Health, dated 16 January 2003.
[18] Interview with Gail Neudorf, Country Director, International Rescue Committee, Belgrade, 15 April 2003.
[19] World Health Organization, "Health Action in the Federal Republic of Yugoslavia: November-December 2001," 12 January 2002, available at www.reliefweb.int (accessed 10 May 2002).

Physical Rehabilitation (including prosthetics/orthotics)

The Institute for Prosthetics in Belgrade, founded in 1948, is the only specialized clinical facility in Serbia and Montenegro that can provide full treatment and rehabilitation for people with a disability, including landmine survivors. The Institute has an orthopedic department, a rehabilitation department, capacity for the production of upper and lower limb prosthetics and orthotics, and programs to assist the reintegration of persons with a disability into society. The Institute is also a teaching center for the Medical Faculty of the University of Belgrade.[20] Until around 10 years ago, Belgrade was reportedly the leading center for orthopedics and rehabilitation in the former Yugoslavia.[21]

In 1999, the Institute assisted 40 new mine survivors; however, no new mine survivors have been assisted since then. Members of the Yugoslav Army and Serbian Police seriously injured in mine incidents in southern Serbia receive surgical and orthopedic treatment at Belgrade's Military Health Academy.[22]

The Institute has 211 beds for in-patients and an outpatient clinic. In 2002, 786 in-patients were assisted and 75,904 outpatient treatments were provided. In the past, the Institute has had difficulty meeting the demand for prostheses due to a lack of materials and components. It is financed by the Ministry of Health. The Institute has reportedly received no international funding for several years. The lack of resources is limiting its capacity to provide high quality prostheses. Standard below-knee prostheses cost around €1,000 (US$1,100); however, a standard limb is not suitable for all day use. There is a need for improved sockets and shoes. The Institute would also benefit from new equipment. All patients who have health insurance are entitled to receive an initial temporary prosthesis and then a permanent prosthesis and all other mobility devices free-of-charge. In the past the Institute has received assistance from the WHO, the ICRC, Handicap International, and the Association for Aid and Relief Japan.[23]

According to the Director of the Institute, the medical staff is highly-trained and motivated. Two doctors have completed doctorates in physical medicine and rehabilitation and at least four have completed master's degrees. The Institute employs 131 medical staff and 89 support staff. Of the medical staff:

- 31 have university degrees, including 18 physicians, four dentists, and ten medical associates;
- 29 have college diplomas, including 20 physiotherapists, five prosthetic/orthotic technicians, and four other allied health workers; and
- 71 have high school diplomas, including 37 nurses, four dental nurses, ten physiotherapists, 17 prosthetic/orthotic technicians, and three other allied health workers.[24]

A multi-disciplinary team approach is taken to patient care which includes a doctor specialized in physical medicine and rehabilitation, a nurse, a therapist (physical and occupational), a psychologist, a social worker, and prosthetic/orthotic technician working together to facilitate full rehabilitation.[25]

Twenty-eight disabled war veterans – the majority are mine survivors – are permanent residents of the Institute; most are from Croatia and are refugees in Serbia with no family

[20] Interview with Dr Slavica Eremić, Director, and Dr Zvezdana Marković, Institute of Prosthetics, Belgrade, 17 April 2003.
[21] Interview with Dr Veselin Medić, SM Orthoaid, Belgrade, 16 April 2003. Dr Medić previously worked at the Institute of Prosthetics for 12 years).
[22] *Landmine Monitor Report 2001*, p. 928.
[23] Interview with Dr Slavica Eremić, Director, and Dr Zvezdana Marković, Institute of Prosthetics, Belgrade, 17 April 2003.
[24] Ibid.
[25] Ibid.

support. For several months the Institute has received no financial support from the government to cover the costs of these long-term residents.[26]

Serbia and Montenegro has 17 rehabilitation centers, including the Dr Miroslav Zotović Rehabilitation Center in Belgrade, Igalo in Montenegro, and centers in Niš, Novi Sad and Podgorica. However, the majority of mine survivors come to Belgrade for rehabilitation.

There are also private clinics supplying prosthetics and other assistive devices. The clinic, SM Orthoaid in Belgrade started its prosthetic/orthotic workshop in March 2003, and is the only private clinic with a doctor of physical medicine. The clinic has an agreement with the military insurance fund to provide around 100 prostheses a year.[27]

In a study on war-wounded amputees rehabilitated at the Institute of Prosthetics between 1991 and 1998, of the 1,275 war-amputees assisted 402 were injured as a result of antipersonnel landmines. Of the 402 people injured, 438 amputations were performed representing 30 percent of all war-related traumatic amputations; 240 below-knee amputations (55 percent), 142 amputations of a foot (32 percent), 20 above-knee (5 percent), and 36 upper limb amputations (8 percent). The age group most affected were 30-39 year-olds (39 percent), followed by 20-29 year-olds (27 percent), 40-49 year-olds (14 percent), 10-19 year-olds (10 percent), and over 50 years (10 percent); 12 (3 percent) were females.[28]

The Institute of Prosthetics has developed a proposal for "Creating a National Model of Prosthetic Rehabilitation" in the Republic of Serbia. The program was intended to commence in September 2002 and continue for one year; however, due to the absence of funding to implement the project it has not been started. The proposal also advocates for the continuing education of physicians, prosthetic technicians, and other members of the rehabilitation team. The objectives of the program are to:

- improve the quality of production of prostheses;
- improve the efficiency and quality of prosthetic rehabilitation;
- improve the social reintegration of amputees; and
- improve the cost-effectiveness of the production of prostheses and rehabilitation.[29]

Psycho-Social Support

In a study on the medical and social rehabilitation of mine survivors conducted by the Institute of Prosthetics, it was reported that in addition to the physical pain suffered, survivors also suffered emotionally as a result of their injuries. Many survivors were pessimistic about their future and feared loneliness and isolation. Psycho-social support was identified as an essential element of rehabilitation to improve the quality of life of the newly disabled person.[30]

The local association, *Dobra Volja* (Goodwill), provides psycho-social support to mine survivors, who are mostly refugees from Croatia and Kosovo. The association, which was established in 1995 with support from the Institute of Prosthetics, has around 500 members, of which about 75 percent are mine survivors. An office was established in

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[26] Ibid.

[27] Interview with Dr Veselin Medić, SM Orthoaid, Belgrade, 16 April 2003.

[28] Dr Slavica Eremić, Dr Ivan Dimitrijević, and Dr Mirko Teofilovski, "Medical and Social Rehabilitation of Antipersonnel Mine Victims," in Yugoslav Campaign to Ban Landmines, *Yugoslavia Against Mines*, Belgrade, 2001, pp. 47–61. (original document in Serbian)

[29] Interview with Dr Slavica Eremić, Director, and Dr Zvezdana Marković, Institute of Prosthetics, Belgrade, 17 April 2003; and "Draft Project Proposal for Creating a National Model of Prosthetic Rehabilitation."

[30] Dr Slavica Eremić, Dr Ivan Dimitrijević, and Dr Mirko Teofilovski, "Medical and Social Rehabilitation of Antipersonnel Mine Victims," in Yugoslav Campaign to Ban Landmines, *Yugoslavia Against Mines*, Belgrade, 2001, pp. 47–61. (original document in Serbian)

Belgrade with support from the Christian World Service who donated computers, the International Orthodox Christian Charities, and local businesses. *Dobra Volja* organizes social functions, including literary evenings and art exhibitions, and publishes a newsletter for its members. Activities are limited by a lack of resources. The main needs identified by the association are employment, housing, and better-quality prostheses to improve mobility. For several months, the office has been without electricity as no funds were able to pay for the service. This has further limited the activities of the organization.[31]

Handicap International supports partner organizations, including NGOs and associations for the disabled, with medical and orthopedic equipment and training. Handicap International also provides psycho-social support at six centers in Serbia, and finances micro-credit programs for persons with disabilities. The program assisting mine survivors and other persons with disabilities in southern Serbia ended in March 2003.[32]

Vocational Training and Economic Reintegration

In Serbia, about one third of the population lived in relative poverty (on less than US$30 per month per person), and almost one fifth lived in absolute poverty (on less than US$20). In Montenegro, about 27 percent of the population lives below the relative poverty line. Officially registered unemployment rates are 26.8 percent for Serbia and 28.6 percent for Montenegro.[33]

One of the main problems facing mine survivors in Serbia and Montenegro is the lack of employment opportunities for persons with disabilities. This problem is exacerbated by high unemployment in the general population.[34] Five landmine amputees living in one room at the Institute of Prosthetics were interviewed in the course of this research. Four have lived at the Institute for more than three years in very cramped conditions. For them, the top priority was finding a job which would enable them to find alternative housing. The third priority was better-quality prostheses to improve mobility.[35]

Dobra Volja has plans to offer computer training to its members but lacks resources to implement the program. Four members of the association, all mine survivors, have written a book of poetry. Some members are artists who are encouraged to sell their paintings to generate an income; however, they lack resources to purchase paint and paper. Ten percent of the proceeds from the sale of the book and paintings are returned to support the work of the association.[36]

The International Rescue Committee supports an income generation program for refugees and internally displaced persons; however, there are no specific programs for landmines survivors or other persons with disabilities.[37]

In 2003, the ICRC began an income generation project for internally displaced persons in southern Serbia which will benefit some mine survivors and their families. Funding of between US$300-$1,100 will be provided to purchase equipment, tools, cows or seeds.[38]

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[31] Interview with Golko Dmitrović, Žarko Jokić, and Nikola Barišić, mine survivors and members, *Dobra Volja*, Belgrade 14 April 2003. As of the end of August 2003, the power supply was still disconnected.

[32] Interview with Lucile Papon, Program Director-Serbia, Handicap International, Belgrade, 16 April 2003.

[33] Federal Republic of Yugoslavia, "Overview – Interim Poverty Reduction Strategy Paper (1-PRSP)," June 2002, pp. i–ii.

[34] Observation based on discussions with mine survivors, doctors, physical rehabilitation professionals, officials, and NGOs, during a visit to Belgrade from 12 to 19 April 2003.

[35] Interview with landmine survivors at the Institute of Prosthetics, Belgrade, 17 April 2003.

[36] Interview with Golko Dmitrović, Žarko Jokić, and Nikola Barišić, mine survivors and members, *Dobra Volja*, Belgrade 14 April 2003.

[37] Interview with Gail Neudorf, Country Director, International Rescue Committee, Belgrade, 15 April 2003.

[38] Interview with Zeljko Lezaja, Communications Assistant/Mine Awareness Coordinator, ICRC, 15 April 2003.

In the past, landmine survivors were provided with skills training during their rehabilitation in state factories and companies for work compatible with their disability. A private fund, "Kapetan Dragan" also ran a program to provide computer skills for persons with disabilities. But the economic crisis impacted on the effectiveness of these programs.[39]

Capacity Building

The ICRC health program in southern Serbia included training for medical staff from mobile clinics and ambulance teams.[40]

The Institute of Prosthetics proposal for the rehabilitation sector advocates for the continuing education of physicians, prosthetic technicians, and other members of the rehabilitation team. However, no information is available on specific programs.

Serbia and Montenegro has had no special training school for prosthetic/orthotic technicians for more than 10 years. Some technicians have been trained in Croatia.[41]

Handicap International's program in Serbia and Montenegro includes capacity building and empowerment of local associations of the disabled.[42]

Rehabilitation specialists from Serbia and Montenegro participated in the Third ISPO Central and Eastern European Conference in Dubrovnik, Croatia, in October 2002. The main themes of the conference were "Rehabilitation of War Casualties" and "Prosthetics in Rehabilitation."

Disability Policy and Practice

There are laws to protect the rights of persons with disabilities, including the 1991 "Law on Social Welfare of People with Disabilities and Retired" and its amendments, the 1996 "Law of Qualifying for Work and Employing Invalids," and the 24 January 2003 "Act on general principles of pension and disability insurance" which amended an earlier 1996 Act; however, due to economic conditions there are difficulties in implementing their provisions.[43]

Most landmine survivors are eligible for disability pensions, but all pensions in Serbia and Montenegro are very low, so it is very difficult for a person to live only on the pension. The average monthly social welfare payment in Serbia is 1,800 dinars (US$30). However, draft Amendments and Additions to the Law on Social Welfare and the Provision of Social Security for Citizens proposes an increase to 3,000 dinars (US$50) per month.[44] Disabled war veterans reportedly receive around US$130 per month, but even this amount is insufficient to provide for the basic needs of survivors and their families.[45]

The Ministry of Social Affairs is responsible for issues relating to all persons with disabilities, including landmine survivors. In February 2001, the Ministry of Social Affairs signed a Protocol on Cooperation with Handicap International for the joint revision of problems concerning persons with disability and their families. Handicap International is

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[39] *Landmine Monitor Report 1999*, p. 836.

[40] World Health Organization, "Health Action in the Federal Republic of Yugoslavia: November-December 2001," 12 January 2002, available at www.reliefweb.int (accessed 10 May 2002).

[41] Interview with Dr Veselin Medić, SM Orthoaid, Belgrade, 16 April 2003.

[42] Interview with Lucile Papon, Program Director-Serbia, Handicap International, Belgrade, 16 April 2003.

[43] Handicap International, *Landmine Victim Assistance World Report 2002*, Handicap International, Lyon, December 2002, p. 332; see also http://natlex.ilo.org

[44] Information provided to Helsinki Committee for Human Rights in Serbia by Gordana Matković, Serbian Minister of Social Affairs, dated 23 January 2003.

[45] Interview with Golko Dmitrović, Žarko Jokić, and Nikola Barišić, mine survivors and members, *Dobra Volja*, Belgrade 14 April 2003.

providing expert advice to the Ministry on reform of the disability sector, including social assistance and reform of institutions.[46]

The Council of the Government of the Republic of Serbia has been established, with the active participation of persons with disabilities, to propose a framework for identifying solutions to the problems they face and to better implement their rights. Also underway is the collection and processing of data on persons with disabilities, which will enable the creation of a database. Currently there is no precise information available on the number of disabled people in Serbia. The sector for disabled war veterans, including mine survivors, does not have data on persons injured during the wars of 1991 to 1999, although it is estimated that there are around 5,000. The proposed database will include statistics on disabled war veterans.[47]

On 3 December 2001, International Day of Disabled Persons, a series of events was held in FRY to focus public attention on disability issues. The events focused on bringing persons with disabilities into mainstream society and using community resources to improve the situation of individuals and families living with disabilities. A follow up seminar, organized by Handicap International, was held on 7 December and included topics such as equal opportunities for persons with disabilities, access to education and psychosocial support, and lower prices for orthopedic devices. On 17 December, it was announced by the Finance Minister that as from 1 January 2002, the 20 percent tax on medicine, blood, and devices for the physically disabled would be abolished.[48]

Planning and Coordination

The number of landmine survivors requiring rehabilitation and assistance in Serbia and Montenegro is relatively small and there are no specific programs or plans to assist this particular group. Instead, mine survivors use the facilities and services that are available to all persons with disabilities. The Mine Action Center plans to expand its activities in 2003 to include programs to assist mine survivors and their families. The center is collecting data on mine survivors to identify assistance already received and future needs. The data will be used to plan a project based on these needs. However, implementation of any new projects is dependent on donor funding.[49]

A health action plan has been drawn up as part of the Stability Pact "Initiative for Social Cohesion." A study by the Institute of Public Health of Serbia, in cooperation with WHO and UNICEF, reported that 62.5 percent of participants surveyed could not afford expenses for health care and medication.[50] In December 2001, the Serbian Ministry of Health facilitated an interagency health coordination meeting, which signaled its intent to lead international agencies in helping to improve the health status of the population. Monthly coordination meetings were planned.[51]

In July 2002, representatives of the Serbian Ministry of Health and health care institutions met to discuss future health policy. The plan includes drafting basic laws on the health protection system, and on health insurance. All participants agreed that

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[46] Interview with Lucile Papon, Program Director-Serbia, Handicap International, Belgrade, 16 April 2003.

[47] Information provided to Helsinki Committee for Human Rights in Serbia by Gordana Matković, Serbian Minister of Social Affairs, dated 23 January 2003.

[48] World Health Organization, "Health Action in the Federal Republic of Yugoslavia: November-December 2001," 12 January 2002, available at www.reliefweb.int (accessed 10 May 2002).

[49] Interview with Petar Mihajlović, Director, Mine Action Center, Belgrade, 16 April 2003.

[50] The study was conducted in June and July 2000, and included 17,000 citizens of all age groups. UNOCHA, "OCHA Belgrade: Humanitarian Situation Report 21 December – 31 January 2002," 31 January 2002, accessed at www.reliefweb.int (accessed 10 May 2002).

[51] World Health Organization, "Health Action in the Federal Republic of Yugoslavia: November-December 2001," 12 January 2002, available at www.reliefweb.int (accessed 10 May 2002).

sustainable financing, promotion of the quality of services, and upgraded infrastructure, should be the basic starting point for reforms.[52]

According to the WHO, improving the quality of health care services "requires a mobilization of human and financial resources….There is a need to strengthen collaboration between countries and improve the coordination and of international cooperation and support for the reconstruction and development of health infrastructures in the region."[53]

In August 2002, a special Sector for international cooperation and project management was created within the Ministry of Health. The Sector has eight members who cooperate with, and follow the work of, governmental and local and international non-governmental organizations. It also coordinates the work of expert groups formed by the Ministry of Health. Under the new system there are four organizational units focusing on:

- project management;
- project implementation;
- humanitarian assistance; and
- European integrations.

The plan and program of the Sector and of international organizations were presented at the first donor meeting in September 2002.[54]

Key Challenges in Providing Adequate Assistance in Serbia and Montenegro

- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness on the rights and needs of persons with disabilities
- Supporting local NGOs and agencies to ensure sustainability of programs

[52] Serbian Government, "Health reform – the road to improved health protection," 30 July 2002, available at www.serbia.sr.gov.yu (accessed 1 August 2003).

[53] World Health Organization, "Health Action in the Federal Republic of Yugoslavia: September 2001," 4 October 2001, available at www.reliefweb.int (accessed 10 May 2002).

[54] Official information provided by Professor Tomica Milosavljević, Minister of Health, dated 16 January 2003.

PROVINCE OF KOSOVO

Background

With the break-up of the Socialist Federal Republic of Yugoslavia (SFRY) in 1992, Kosovo became the southernmost province of the new Federal Republic of Yugoslavia (FRY). The FRY was heavily dominated by its Serbian majority, while the majority of the population in Kosovo is ethnic Albanian. International pressure as a result of escalating conflict between the FRY armed forces and the Kosovo Liberation Army (KLA) and increasingly repressive measures against civilians in Kosovo led to negotiations in February-March 1999. As these talks broke down, Serbian forces began "ethnic cleansing," forcing more than 800,000 Kosovars to flee to Albania and Macedonia. With the stated objective of halting this process, on 24 March 1999, NATO launched a bombing campaign against the FRY and Serbian forces in Kosovo, which last lasted seventy-eight days. In the course of the conflict, large areas of Kosovo were contaminated with mines and UXO.[1]

[1] International Campaign to Ban Landmines, *Landmine Monitor Report 2000*, Human Rights Watch, New York, August 2000, p. 875.

Kosovo remains a province of Serbia and Montenegro, but has been under the administration of the United Nations Mission in Kosovo (UNMIK) since 1999. Elections were held on 17 November 2001 to form the Kosovo Provisional Assembly, as mandated by UNMIK. Nine previously UN-administered local government departments were then transferred to local government bodies, charged with all matters of internal administration with the exception of security, which, along with foreign affairs, remain under the direct administration of UNMIK. The UN Mine Action Coordination Center (MACC) completed its scheduled term and handed over responsibility for mine action to UNMIK and local bodies in mid-December 2001.[2]

Kosovo has a population of between 1.7 and 1.9 million people, of which 88 percent are ethnic Albanian.[3]

Initially, the World Health Organization (WHO) was the focal point for victim assistance and for the reconstruction of Kosovo's healthcare infrastructure. But, the healthcare system was poorly equipped to deal with trauma victims. There was little or no capacity to provide rehabilitation, occupational therapy, or psychosocial counseling. No investment had been made in healthcare facilities for over a decade, and funding remained limited. In November 2000, Handicap International signed a Memorandum of Understanding with UNMIK and became the lead agency for physical medicine and rehabilitation in Kosovo.[4]

In 2002, the International Committee of the Red Cross (ICRC) reported that there was a shortage of doctors, and with NGOs scaling down there activities in Kosovo, or leaving altogether, there were increasing reports of civilians needing medical, surgical, and rehabilitation assistance for war-related injuries.[5]

The difficulties encountered in the past in providing adequate survivor assistance in Kosovo include: the absence of immediate emergency care after an incident; inappropriate care immediately after an incident, because of lack of expertise or facilities; lack of facilities for the replacement of prostheses, especially for growing children; the absence of a social welfare system in Kosovo; uncoordinated donor support; uncoordinated medical evacuation of survivors out of Kosovo and the creation of expectations; low prioritization and understanding from the government authorities; and ongoing health and psychological problems.[6]

Scale of the Landmine Problem[7]

Although some of Kosovo's landmine problem arises from recent or ongoing use, the bulk of the threat has resulted from previous use by Yugoslav armed forces (the army, special police forces and paramilitaries) and the KLA. Contamination also includes unexploded ordnance (UXO) and cluster munitions dropped by NATO forces during the air campaign of March-June 1999, some of which failed to explode on impact. In May

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2 International Campaign to Ban Landmines, *Landmine Monitor Report 2002*, Human Rights Watch, August 2002, pp. 821–822.

3 UNMIK, "Fact Sheet Kosovo," May 2003, p. 1, available at http://www.unmikonline.org/eu/index_fs.pdf

4 International Campaign to Ban Landmines, *Landmine Monitor Report 2001*, Human Rights Watch, New York, August 2001, p. 969; and The Praxis Group Ltd, "Willing To Listen: An Evaluation of the United Nations Mine Action Programme in Kosovo 1999-2001," Geneva, 12 February 2002, p. 103.

5 ICRC Special Report, "Mine Action 2001," ICRC, Geneva, July 2002, p. 36.

6 Dr Driton Ukmata, Program Director, Handicap International Kosovo, presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

7 For more details see *Landmine Monitor Report 2000*, pp. 878–880; and *Landmine Monitor Report 2001*, pp. 951–952.

2001, the MACC estimated that around 50,000 mines had been laid in Kosovo up to the end of the NATO air campaign in June 2000.

On 13 June 1999, the UK-based HALO Trust began a ten-week long minefield survey, in coordination with the MACC in Pristhina, which was completed in August 1999. The HALO report positively identified 252 areas with mines or unexploded ordnance (many areas containing multiple minefields), as well as 269 villages where it was uncertain (due to lack of information) whether or not they were affected. Additional information on known minefields was provided by the Yugoslav Army and KLA. The information suggested that the great majority of mines were concentrated in the south near the borders with Macedonia and Albania. About eighty percent of the landmines were concentrated near the southern border, while nuisance mines were concentrated in the interior of the province. It was also estimated that 10-30,000 unexploded cluster munitions and other UXO were to be found in the province at the end of the conflict.

In December 2001, it was announced that UNMIK had determined "that all known minefields and cluster munition strike sites in Kosovo have been cleared to internationally acceptable standards."[8] In its final annual report, the MACC stated that "the problems associated with landmines, cluster munitions and other items of unexploded ordnance in Kosovo have been virtually eliminated.… Whilst it may take years to completely eradicate all items of explosive ordnance from Kosovo, as indeed it will in most other countries in Europe, the situation is such that the level of contamination no longer impedes social and economic development within the province."[9]

However, casualties continue to be reported as some areas of known contamination were not yet cleared when the MACC completed operations, and there have been subsequent discoveries of mine/UXO contaminated areas.[10]

Landmine/UXO Casualties and Data Collection

In the first five months after the end of the war on 9 June 1999, 800,000 refugees returned to Kosovo. During this period there were many reports of new mine/UXO casualties. In some areas, 35 to 42 percent of hospital beds in the surgical and orthopedic wards were occupied by mine or UXO survivors.[11]

In the period June 1999 to December 2002, a total of 472 civilian casualties of landmines, UXO and cluster munitions were reported: 100 people killed and 372 injured.[12]

Civilian Mine/UXO Casualties in Kosovo June 1999-December 2002

	June-Dec 1999	Jan-Dec 2000	Jan-Dec 2001	Jan-Dec 2002	June 1999-Dec 2002
Injured	267	84	14	7	372
Killed	74	9	9	8	100
Total	341	93	23	15	472

Casualties continue to be reported in 2003, with three children injured in two UXO incidents in February and April 2003.[13]

The recorded casualties do not include deminers, soldiers, peacekeepers, or victims of deliberate attacks. From June 1999 to December 2001, mine accidents during clearance

[8] "UN Set to Transfer Demining Activities to Kosovo Authorities," *UN News Service*, 14 December 2001.
[9] "UNMIK Mine Action Programme Annual Report – 2001," MACC, p. 1.
[10] For more details see International Campaign to Ban Landmines, *Landmine Monitor Report 2003*, Human Rights Watch, New York, August 2003.
[11] *Landmine Monitor Report 2000*, p. 890.
[12] The Praxis Group Ltd, "Willing To Listen," 12 February 2002, p. 73; "UNMIK Mine Action Program Annual Report 2000," MACC, p. 4; "UNMIK Mine Action Programme Annual Report 2001," MACC, paras. 36-38; and "UNMIK OKPCC EOD Management Section Annual Report 2002," UNMIK, Annex G.
[13] Interview with Bajram Krasniqi, Public Information Assistant, UNMIK OKPCC, Priština, 24 April 2003.

operations caused 32 casualties (including 14 traumatic amputations, one fatality, one permanent incapacitation, and one loss of sight).[14] No casualties were reported among deminers in 2002. Numerous casualties to KFOR personnel have been reported in the media.[15]

The ICRC reports slightly different casualty data for 2001 and 2002. In 2001, according to ICRC data, eight people were killed and 22 injured in mine/UXO incidents.[16] In 2002, the ICRC reported 24 casualties, including seven people killed and 17 injured. The Office of the Kosovo Protection Corps Coordinator (OKPCC) only recorded casualties with injuries that were life-threatening or disfiguring, which may contribute to the discrepancy with ICRC figures in 2002.[17]

No comprehensive statistics on landmine casualties prior to June 1999 are available.

The MACC used the Information Management System for Mine Action (IMSMA) to maintain casualty data in Kosovo. The ICRC provided support to the casualty surveillance system and maintained the database up to the handover of the MACC in December 2001. Responsibility for casualty data collection then passed from the ICRC to the Institute of Public Health (IPH) within the Ministry of Health Environment and Spatial Planning (Ministry of Health).[18] The ICRC conducted a data collection training seminar for IPH staff on 13 February 2002. Initially, it was intended that a member of staff from each of the IPH's seven regional offices would undertake casualty data gathering; however, the IPH did not undertake this activity until August 2002.[19] The OKPCC has assigned one staff member to closely monitor local media and liaise with KFOR and civilian police, and to undertake investigations of any reports of mine casualties.[20]

The full IMSMA casualty database was handed over to the IPH at the closure of the MACC therefore a full breakdown of data was not available for this study.[21]

In July 2000, the Vietnam Veterans of America Foundation (VVAF) undertook a province-wide survey of mine/UXO survivors with support from the MACC. The survey teams interviewed 333 survivors and found that:

- 147 (44.1 percent) survivors interviewed were children;
- 77 percent were under 35 years of age;
- 88.9 percent were male and lived in rural areas;
- 152 (45.6 percent) had permanent disabilities, including loss of limbs, sight, or hearing;
- 75.7 percent suffered from one or more outstanding health problems, but less than half of this group were receiving treatment.[22]

With the achievements of the mine clearance program in Kosovo, unexploded ordnance (UXO) is emerging as a greater threat to the population than landmines. In 2000, fifty casualties were caused by antipersonnel mines (52.6 percent), 24 by cluster munitions

[14] "Summary of Lessons Learnt of the Mine/UXO Accidents in Kosovo," MACC, 1 November 2001.
[15] For example, "German Soldiers Wounded in Kosovo Minefield," *Reuters*, 23 September 1999; "One Peacekeeper Killed, Five injured in Kosovo," *Associated Press*, 23 September 1999; "US Soldier Killed in Mine Explosion in Kosovo," *FBIS*, 16 December 1999; "Soldiers Injured in Kosovo Landmine Blast," *Financial Times*, 30 December 1999; David Holley, "Mine kills British soldier in Kosovo," *Los Angeles Times*, 15 April 2001; and "2 U.S. Soldiers Hurt in Mideast," *Associated Press*, 25 June 2001.
[16] ICRC, "ICRC Mine/UXO Awareness Programmes: Mine incidents in South Eastern Europe," 28 January 2002.
[17] Interview with Nora Demiri, Mine Awareness Officer, ICRC, Priština, 29 January 2003.
[18] *Landmine Monitor Report 2002*, p. 835.
[19] "UNMIK OKPCC EOD Management Section Annual Report 2002," Annex G.
[20] Interview with Nora Demiri, Mine Awareness Officer, ICRC, Priština, 29 January 2003.
[21] Interview with Deni Danenbergsons, EOD QA Officer, OKPCC, Priština, 24 April 2003.
[22] Vietnam Veterans of America Foundation, "Socio-Economic Survey of Mine/UXO Survivors in Kosovo," November 2000, pp. 2–3.

(25.3 percent), nine by UXO (9.5 percent), and one by an antitank mine (one percent), with the cause of eleven casualties (11.6 percent) unknown.[23] In 2001, mines caused five casualties (21.8 percent), three were caused by cluster munitions (13 percent), and 15 by UXO (65.2 percent).[24] In 2002, landmines caused only one injury (6.7 percent), UXO caused five deaths and six injuries (73.3 percent), and cluster munitions killed three people (20 percent). Ten of the casualties, including three of those killed, were under the age of 18 years.[25]

Emergency and Continuing Medical Care

According to the World Bank, Kosovo ranked lowest in Europe on virtually every health indicator, and the legacy of neglect by Belgrade and the breakup of the former Yugoslavia had left the population with an inadequate health care system.[26] In 2000, it was reported that the resources available to deal with the immediate and follow-up specialized treatment of mine casualties were inadequate.[27] The World Health Organization (WHO) made a significant contribution to the reconstruction of Kosovo's healthcare infrastructure. The European Commission Humanitarian Office (ECHO) supported the WHO program and rehabilitated, furnished and equipped 63 health care facilities and provided training for doctors.[28] There is now an extensive network of medical facilities across the region, with hospitals in most major towns. Mine casualties can generally reach some form of medical facility within a relatively short period of time. However, the facilities that exist in the different locations can vary widely. KFOR units provide an evacuation capability as well as immediate medical attention, particularly for serious cases, if necessary. The Qendra University Hospital in Priština is the only hospital capable of handling major trauma cases.[29]

The Qendra University Hospital provides specialist facilities for all of Kosovo. The hospital has a total of 2,352 beds available in 21 departments including an emergency center, intensive care, surgery, pediatrics, psychiatry, and orthopedics; 115 beds are in the orthopedic ward. The hospital employs over 3,000 people including 388 doctors, 1,905 nurses and assistants, and eight physiotherapists and assistants. The medical equipment in the emergency center and intensive care unit is reportedly adequately as these departments were refurbished and reequipped after the war; however in other departments some equipment is old and needs replacement. There is a need for more staff, especially nurses who work 12-hour shifts. Social workers are receiving additional training from a medical specialist to work with children; however, opportunities to update the skills of other health care professionals are limited. The hospital is financed through the budget of the Ministry of Health.[30]

The ICRC continues to support health care facilities in Kosovo. In 2000, the ICRC supported ten hospitals and primary healthcare and first aid centers and directly assisted the Mitrovica North hospital.[31] In 2001, in cooperation with National Societies, the ICRC

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[23] *Landmine Monitor Report 2001*, p. 968.
[24] "UNMIK Mine Action Programme Annual Report 2001," MACC, paras. 36-38.
[25] Ibid; UNMIK, "UNMIK OKPCC EOD Management Section Annual Report 2002," Annex G; and interview with Steven Saunders, EOD Operations Officer, Directorate of Civil Protection, UNMIK, Priština, 28 January 2003.
[26] World Bank, "Kosovo Poverty Assessment," Volume 1, October 1 2001 (draft), p. x and p. 42.
[27] *Landmine Monitor Report 2000*, p. 891.
[28] World Health Organization, "Health Action in Kosovo No. 49: Newsletter on Emergency Preparedness and Response, December 2001," 2 January 2002.
[29] "UNMIK MACC Exit Strategy Discussion Paper," 3 January 2001, p. 11.
[30] Interview with Mustafë Bërbatovci, Director of Human Resources, and Shpresa, Assistant to the Medical Director, Qendra University Hospital, Priština, 23 April 2003.
[31] ICRC Special Report, "Mine Action 2000," ICRC, Geneva, July 2001, p. 32.

provided equipment, training and technical support to Gjilan hospital and regional primary healthcare facilities. Surgical instruments and equipment was also provided to the Mitrovica hospital. Red Cross teams in the Mitrovica region received training in emergency medical evacuations. In 2001, 52 war-wounded casualties, including 32 mine/UXO casualties were treated.[32] In 2002, work continued on the World Bank three-year healthcare project for Kraljevo municipality with the ICRC providing material and technical support to healthcare facilities. The ICRC also provided logistical support, medicines, and other medical supplies to local health facilities managed by the Vranje Health Center.[33] Other National Red Cross/Crescent societies including those from Belgium, Denmark, France, Italy, Norway, Turkey and the United Arab Emirates, have also supported and rehabilitated the health-care infrastructure.

Since 1999, the NGO, Love in Action International, has sent five 40-foot containers of medical supplies to Kosovo to support activities at health care facilities including the Priština Medical Center, Dr Flora Brovina's Trauma Center and the Mother Teresa Society.[34]

Generally, health services obtained in hospitals are free-of-charge to the patient; however, there is small co-payment charged but this has been described as "symbolic".[35]

Physical Rehabilitation (including prosthetics/orthotics)

In Kosovo facilities for physical rehabilitation are reportedly poor and there is limited or no capacity to provide occupational therapy. Under a project funded by the European Agency for Reconstruction (EAR), six regional hospitals have received physical therapy equipment.[36]

The Qendra National Ortho-Prosthetic Center (NOPC), established in 1958, is part of the University Hospital in Priština and is the only facility in Kosovo for the production and fitting of lower limb prostheses. There are no facilities in Kosovo for the production of upper limb prostheses. The NOPC has sufficient capacity to deal with the number of cases it receives. However, it is very difficult for some patients to access the facility on a regular basis, particularly those living in rural areas without family and friends in Priština.[37] The NOPC employs 24 people including one part-time doctor, seven local orthopedic technicians, one ex-pat technician, one physiotherapist, six shoemakers, and other administrative and support staff; all professional employees are paid €128 (US$139) per month. Wages, heating, and maintenance of the premises are finished through the University Hospital budget provided by the Ministry of Health. Handicap International is providing material assistance in the form of components for prostheses, orthoses, and shoes, wheelchairs and crutches, and staff training. Handicap International also facilitated the renovation and refurbishment of the center in late 2001 with funding from the Luxembourg Ministry of Foreign Affairs. In 2002, the NOPC assisted 2,103 people. Of these, the department of prosthetics assisted 424 people, including several mine survivors, and supplied 143 prostheses and repaired a further 88. Handicap International material support to the center ends at the end of 2003 when full responsibility is handed over to the

[32] ICRC Special Report, "Mine Action 2001," ICRC, Geneva, July 2002, pp. 35–36.
[33] ICRC, "Annual Report 2002," ICRC, Geneva, July 2003, p. 255.
[34] Email from Rae England, Love in Action International, 8 August 2003.
[35] Interview with Dr Ismail Blakaj, Officer for Physical Medicine and Rehabilitation, Ministry of Health, Environment and Spatial Planning, Priština, 23 April 2003.
[36] Interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.
[37] "UNMIK MACC Exit Strategy Discussion Paper," 3 January 2001, p. 11.

Ministry of Health. There are concerns about the center's capacity to obtain sufficient raw materials to meet existing needs without international support.[38]

The real costs of producing lower limb prostheses, including labor and materials at the NOPC are:

- Temporary below-knee prosthesis – €479 (about US$520)
- Permanent below-knee prosthesis – €567 (about US$615)
- Temporary above-knee prosthesis – from €982 to €1,180 (about US$1,070-$1,285)
- Permanent above-knee prosthesis – from €1,253 to €1,843 (about US$1,365-$2,005)[39]

The Peja hospital was refurbished and now has a rehabilitation department and prosthetics workshop provided by Italian NGOs through Italian KFOR. The workshop, however, was not functioning as of April 2003 due to a lack of materials.[40]

There are also two rehabilitation spas, at Banja Peja and Banja Klokot. However, neither spa reportedly has the capacity to provide comprehensive rehabilitation services. The MOH is evaluating the future of the spas and there is a possibility that the facilities will be privatized and turned into private hospitals or used for tourism purposes. In the past, Handicap International supported physical rehabilitation at Klokot.

HandiKos, a local disability NGO established in 1983, has a network of six branch offices in Priština, Ferizaj, Gjilan, Mitrovica, Peja, and Prizren, and representatives in 25 municipalities throughout Kosovo. In 1995, HandiKos set up a network of community based rehabilitation centers, with the support of Handicap International. HandiKos has ten community centers offering medical care, physiotherapy, assistive devices, and psychosocial support to all persons with disabilities in Kosovo, especially children. The rehabilitation centers need upgrading; however HandiKos lacks the resources to do this. The organization employs about 110 people to implement its programs with an annual budget of around €600,000 (US$652,000). HandiKos received financial support from Handicap International until October 2002. The Danish Council of Organizations of Disabled People also supports the work of HandiKos. Other donors to the program include Finland, the Save the Children Alliance, and Italian NGOs.[41] After the conflict, the European Commission Humanitarian Office (ECHO) supported the reestablishment of the HandiKos network.[42]

The Canadian NGO based at Queen's University, International Center for the Advancement of Community-Based Rehabilitation (ICACBR) has been active in Kosovo since 1999, working with Handicap International, HandiKos, UNMIK and the University of Priština. The Project's main aims were to improve the rehabilitation sector through the

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[38] Interview with Lirije Makolli, Administrator, Qendra National Ortho-Prosthetic Center, Priština, 24 April 2003; and interview with Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation, Handicap International, Priština, 28 January 2003; and interview with Dr Pascal Granier, Coordinator, and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

[39] Email from Dr Pascal Granier, Coordinator, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 13 June 2003. A temporary prosthesis is usually changed after 3 to 6 months to allow for stump changes in the first few months after fitting. The permanent prosthesis is replaced every 2 to 3 years, or more often in the case of growing children.

[40] Interview with Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation, Handicap International, Priština, 28 January 2003; and interview with Dr Pascal Granier, Coordinator, and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

[41] Interview with Afrim Maliqi, Program Coordinator, HandiKos, Priština, 25 April 2003.

[42] World Health Organization, "Health Action in Kosovo No. 49: Newsletter on Emergency Preparedness and Response, December 2001," 2 January 2002.

training of staff and the development of community based rehabilitation to promote equal participation of persons with disabilities in society.[43]

Mine/UXO survivors have also received assistance through the ITF at the Slovenian Institute for Rehabilitation in Ljubljana, which has a specialist rehabilitation unit for mine survivors. Since 1998, 40 mine survivors from Kosovo were fitted with prostheses and received rehabilitation at the Institute.[44]

The NGO, Love in Action International, has also supported the NOPC with several pallets of wheelchairs, crutches, and orthopedic supplies that were shipped in medical containers. Love in Action has also facilitated the medical treatment and rehabilitation of eight casualties of the war, including some mine survivors, in the United States.[45]

In the past, Handicap International has expressed concern that, rather than seeking to establish sustainable rehabilitation programs in Kosovo, some organizations have sought to provide assistance through transporting those requiring rehabilitation or prosthetics to other countries. Handicap International claims that such approaches are more expensive than local solutions, often of limited benefit for the intended beneficiary, and work against the reestablishment of an effective and well-funded Kosovo-based rehabilitation capacity for mine survivors and other persons with disability.[46]

Psycho-Social Support

In 2001, there were 27 Centers for Social Welfare, 232 social workers and five psychologists in Kosovo.[47]

As previously mentioned, HandiKos assists all persons with disabilities, including mine survivors, and provides psychosocial support at ten community centers around the province. Over 13,000 people with disabilities are registered in the HandiKos database. Assistance includes home visits to assess needs, referrals to appropriate services, and where necessary, material support is also provided. Social and recreation activities are also organized giving beneficiaries the opportunity to meet with others in similar situations. HandiKos also facilitates support groups for the families or people with a disability.[48]

An assessment by the Vietnam Veterans of America Foundation (VVAF) in 1999 indicated that there were gaps in assistance available for psycho-social support and emergency needs of mine survivors and others disabled during and after the conflict. In November 1999 VVAF, with support from the ITF, US State Department and UNICEF, started their "Assistance to Persons With War-Related Disabilities" program which ended on 28 February 2002. The program was implemented by four outreach teams around Kosovo and involved

- basic emotional support for survivors and their families through regular visits;
- direct material assistance in food, shelter, education, medicine, and transport for medical treatment;
- linking survivors to appropriate agencies and resources, including enrolment in social assistance benefit plans;

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[43] Handicap International, "Landmine Victim Assistance World Report 2002," Handicap International, Lyon, December 2002, p. 303.

[44] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[45] Email from Rae England, Love in Action International, 8 August 2003.

[46] Interview with Dr Driton Ukmata, Program Director, Handicap International, Priština, 15 April 2002. These views were also expressed by other participants at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1-2 July 2002.

[47] Handicap International, "Landmine Victim Assistance World Report 2002," Handicap International, Lyon, December 2002, p. 302.

[48] Interview with Afrim Maliqi, Program Coordinator, HandiKos, Priština, 25 April 2003.

- producing a disability awareness booklet in multiple languages;
- developing sports and recreational activities for persons with disabilities; and
- cooperation with Handikos to train persons with disabilities to advocate for themselves.[49]

The VVAF program assisted around 400 families, which included about 2,400 individuals. After the program's closure, VVAF presented each regional Center for Social Work (CSW) with summaries of VVAF's work with the families and recommended follow-up action. The CSWs, a part of the Ministry of Labour and Social Welfare, have responsibility for ongoing support of mine survivors, and other persons with disabilities. According to VVAF, one of the great successes of this program was enrolling all of its beneficiaries who qualified with the CSWs to ensure that the received the benefits they were entitled to.[50]

In February 2001, the Jesuit Refugee Service (JRS) set up a mine victim assistance program aimed at reducing the dependency of mine survivors and assisting in their reintegration into society. Four local staff members implement the project. In 2001, the program operated in Prizren but in 2002 was extended to cover all areas of Kosovo providing medical, material, psychosocial and legal support. The program assists only children born after 1980. A total of 330 mine survivors and other victims of the war have been visited since the program began. In 2002, 148 child victims of the war, including many mine survivors, directly benefited from the program with 430 direct actions including assessment visits, transport to hospital in Priština, prostheses and orthopedic follow-up, assistance with school materials, and the distribution of food parcels and firewood. When necessary, children are taken to Skopje in FYR Macedonia for specialist treatment. In June each year, a summer camp is organized to take 20-30 children to the beach. For many of the children it was the first time they had associated with others with similar physical and psychological problems, and the first time they had been to the seaside. The program is supported by Renovibis and SCIAF. Expansion of the program to reach other children in need is limited by a lack of resources. The program only has funding to continue until the end of 2003. In April 2003, the Handicap International office in Kosovo provided JRS with a vehicle to assist in the program.[51]

Sport has been recognized as a positive means of assisting people with disabilities in their physical and psychological rehabilitation and social reintegration. In May 2002, VVAF's "Sports for Life" program began developing activities for persons with disabilities and other disadvantaged groups. Sports and recreational activities include fishing, bocce, chess, football, darts, cricket, volleyball and tai chi. Sports for Life educators also conduct disability awareness raising activities in schools. VVAF works the Ministry of Culture, Youth and Sport, and several local and international NGOs and agencies to implement the program. The aim of the program is to enhance the quality of life of people with a disability. The program has trained 15 local staff who are working with coaches, trainers and players to build a sustainable infrastructure. KFOR has also assisted by leveling a football field for use by beneficiaries of the program. Since the

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[49] Sarah Warren, Program Development Officer, VVAF, presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

[50] Robert Schmidt Jr, Head of Mission, VVAF, Priština, response to Landmine Monitor Survivor Assistance Questionnaire, 18 February 2002; and email to Landmine Monitor (HIB) from Robert Schmidt Jr, Head of Mission, VVAF, Priština, 19 February 2002.

[51] Interview with Kastriot Dodaj, Program Manager, Jesuit Refugee Service, Priština, 25 April 2003; Jesuit Refugee Service Southeast Europe, "Annual Report, Landmine Victims Projects, Year 2001 and 2002;" and Jesuit Refugee Service, "JRS Dispatches No. 136," 15 July 2003.

program started, over 2,568 persons with disabilities have participated in various activities, including 65 landmine survivors. The program is supported by the ITF and Norway.[52]

The ICRC has a psycho-social program to support those affected by the conflict.[53] However it is not known if any mine survivors are benefiting from the program.

The Association of War Invalids of KLA is also active in the reintegration of disabled soldiers into society.[54]

Between 1999 and 2002, there were several programs run by international NGOs offering psycho-social support to victims of the conflict; however there was no local capacity building and Kosovo now lacks human resources to continue these programs.[55]

The OKPCC has been conducting follow-up of recent mine/UXO survivors to ensure that they are aware of their entitlements to medical and social support, including pensions.[56]

Vocational Training and Economic Reintegration

According to the World Bank, at the end of 2000, over 12 percent of the population was living in extreme poverty (on less than $1 per day), while 50.5 percent were living in poverty (less than $2 per day).[57] One of the main issues facing landmine survivors and other persons with disabilities in Kosovo is the lack of employment opportunities. Two surveys were conducted in 2002 on unemployment in the province. One survey reported 57 percent of the population was unemployed while other reported 49 percent unemployed.[58] The problem of high unemployment levels in the general population is compounded by both architectural barriers to access work places and attitudes towards disabled people.[59]

The VVAF survey in 2000, found that of the 177 survivors in the 19-65 age group that were interviewed 141 were unemployed (80 percent).[60] Over 60 percent claimed that their financial situation had deteriorated since being injured, mostly due to medical expenses and the inability to work.[61] The OKPCC interviewed the mine/UXO survivors from 2002 and 2003, and all were suffering economic hardship.[62]

There are eight vocational training centers for persons with disabilities supported by HandiKos in Priština, Ferizaj, Gjilan, Gllogovc, Mitrovica, Peja, Podujevo, and Prizren.[63] OXFAM has been working with HandiKos at the community center in Peja since 1999 teaching handicraft skills to disabled women as part of an income generation project. The goods are sold at a shop in Peja and there are plans to expand the project and employ field workers to look for other outlets to sell their crafts. There is already a similar craft shop in

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[52] Interview with Barbara Stuart, Head of Mission, and Amy Farkas, Program Manager, VVAF, Priština, 22 April 2003; and VVAF Sports for Life Fact Sheet 2002-2003.
[53] ICRC Fact Sheet, "ICRC, Red Cross and Red Crescent activities in Kosovo: January to March 2002," 8 April 2002.
[54] Dr Driton Ukmata, Program Director, Handicap International Kosovo, presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.
[55] Interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.
[56] Interview with Bajram Krasniqi, Public Information Assistant, UNMIK OKPCC, Priština, 24 April 2003.
[57] World Bank, "Kosovo Poverty Assessment," Volume 1, October 1 2001 (draft), p. xi.
[58] Interview with Nuhi Ismaili, Ministry of Labour and Social Welfare, Priština, 25 April 2003.
[59] Interview with Afrim Maliqi, Program Coordinator, HandiKos, Priština, 25 April 2003.
[60] Vietnam Veterans of America Foundation, "Socio-Economic Survey of Mine/UXO Survivor in Kosovo," November 2000, p. 14.
[61] Ibid, p. 17.
[62] Interview with Bajram Krasniqi, Public Information Assistant, UNMIK OKPCC, Priština, 24 April 2003.
[63] Interview with Afrim Maliqi, Program Coordinator, HandiKos, Priština, 25 April 2003.

Mitrovica run and managed by disabled women. The center also runs literacy courses and computer courses.[64]

Since late 2000, the Jesuit Refugee Service has operated a program to train women with disabilities at a sewing center in Ferizaj, in cooperation with HandiKos.[65]

In August 2001, the Spanish Red Cross implemented agricultural income generation projects in Peja, Podujeva, Suhareka, and Prizren. Beneficiaries received cows, tractors and tools. However, it is not known whether any mine survivors benefited from this program.[66]

On 7 July 2003, HandiKos in cooperation with the NGO World Vision opened a new Resource Center on Disability in Veternik near Priština. The center includes diagnostic and treatment facilities, and facilities for vocational training. The Center was opened by the Prime Minister of Kosovo, Bajram Rexhepi.[67]

Capacity Building

The ICRC has trained local Red Cross teams in the Mitrovica region in emergency medical evacuation, and Red Cross of Kosovo and Metohija staff received first aid training and equipment.[68] The Swiss Red Cross continued its support to a WHO/UNMIK health-care project by training nurses and doctors in the Pec/Peja region.[69]

In the former Yugoslavia, nurses, technicians and physiotherapists received their training from the age of 14 to 18 in vocational high schools, with limited opportunities for continuing education after graduation. Of the approximately 7,000 nurses only about 100 are trained to a high level. Extra training has been provided under a program funded by Finland. There are plans to establish a nursing school; however this has been postponed pending discussions on a suitable structure.[70] Wages for health care professionals are poor with nurses earning about €100 (US$109) per month, while a doctor earns about €200 (US$218) per month.[71]

Kosovo also has a dramatic shortage of physiotherapists, and hospitals have limited capacity to provide rehabilitation services. According to Handicap International, there are only 24 highly trained physiotherapists in Kosovo. About 600 are needed to meet the needs of the region. Most of the highly trained physiotherapists received their training in Belgrade, Sarajevo, or in Bulgaria. In 2000, the Physiotherapy Association of Kosovo was created to promote continuing education and professional exchanges with Croatia and Slovenia. The project is funded by the European Agency for Reconstruction (EAR).[72]

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[64] Adrienne Hopkins, "Disabled women organize for economic and social empowerment," LINKS, OXFAM newsletter on gender, April 2002.

[65] Jesuit Refugee Service, "Annual Report 2001," p. 57.

[66] ICRC Fact Sheet, "ICRC, Red Cross and Red Crescent activities in Kosovo: January to March 2002," 8 April 2002.

[67] Interview with Afrim Maliqi, Program Coordinator, HandiKos, Priština, 25 April 2003; and "Grand Opening of the Resource Centre for People with Disabilities," available at www.worldvision.org (accessed 28 August 2003).

[68] Email to Landmine Monitor (HRW) from Kathleen Lawand, Legal Advisor, International Committee of the Red Cross, 10 July 2003.

[69] ICRC Fact Sheet, "ICRC, Red Cross and Red Crescent activities in Kosovo," 31 December 2001; and email to Landmine Monitor (HRW) from Kathleen Lawand, Legal Advisor, International Committee of the Red Cross, 10 July 2003.

[70] Interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

[71] Interview with Mustafë Bërbatovci, Director of Human Resources, and Shpresa, Assistant to the Medical Director, Qendra University Hospital, Priština, 23 April 2003.

[72] Interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

Handicap International has supported the establishment of a three-year degree course in physiotherapy at the University of Priština. Twenty students commenced training in September 2002 with a further 35 due to start in September 2003. The program is supported by the EAR, Handicap International, Queen's University and the French Red Cross.[73]

Handicap International is funding the training of ten orthopedic technicians, four are currently training abroad; one in Slovenia, and three in France (one will graduate in July 2003, the others in 2005). A further six technicians are training on-the-job at the Qendra National Ortho-Prosthetic Center in Priština and are expected to graduate in early 2004.[74]

The ITF is facilitating the study by one of these students in prosthetics and orthotics at the College for Health Studies at the University of Ljubljana in Slovenia. Since 1998, two other health care professionals completed their rehabilitation training in Slovenia.[75]

Although training is available at the University of Priština there is a shortage of doctors specializing in physical medicine and rehabilitation; currently there are 30 specialists but 50 are required to meet the needs of the population. In addition, there are virtually no occupational therapists in Kosovo, except for maybe two or three at rehabilitation centers. While this has been identified as a need in providing complete rehabilitative care, because of a lack of resources priority has been given to the training of physiotherapists.[76]

Disability Policy and Practice

There was reportedly stigma associated with disability in the Kosovar culture – while persons with disability were well cared for, they were often kept out of sight, and rarely enabled to integrate into society.[77] Although much more needs to be done, progress has been made towards the inclusion of persons with disabilities in society with greater awareness and understanding of the issues, and official policies that are disabled friendly.[78]

In its exit strategy the MACC acknowledged that "more emphasis will need to be applied to rehabilitation and reintegration initiatives because of the relatively low level of attention given to this aspect of mine action to date."[79]

The WHO worked closely with the UNMIK Department of Health and Social Welfare. Under the new provisional self-government, the Department of Health and Social Welfare was split into the Ministry of Health, Environment and Spatial Planning (Ministry of Health), and the Ministry of Labour and Social Welfare.[80] The Ministry of Labour and Social Welfare has responsibility for the long-term aspects of survivor assistance, including the provision of social assistance, and maintains liaisons with NGOs working with mine survivors.[81]

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[73] Interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

[74] Interview with Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 28 January 2003.

[75] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

[76] Interview with Dr Ismail Blakaj, Officer for Physical Medicine and Rehabilitation, Ministry of Health, Environment and Spatial Planning, Priština, 23 April 2003

[77] The Praxis Group Ltd, "Willing To Listen: An Evaluation of the United Nations Mine Action Programme in Kosovo 1999-2001," Geneva, 12 February 2002, p. 84.

[78] Dr Driton Ukmata, Program Director, Handicap International Kosovo, presentation at the ITF Workshop on Assistance to Landmine Survivors and Victims in South-Eastern Europe: Defining Strategies for Success, Ig, Slovenia, 1 July 2002.

[79] "UNMIK MACC Exit Strategy Discussion Paper," 3 January 2001, p. 13.

[80] "UNMIK Mine Action Programme Annual Report 2001," MACC, paras. 39-43.

[81] "UNMIK OKPCC EOD Management Section Annual Report 2002," pp. 13-14.

There are no exact statistics available on the number of persons with disabilities in Kosovo. A survey in 2001 suggested that up to 2.5 percent of the population had some form of disability.[82] There is no special budget for healthcare services and facilities for mine survivors and other persons with disabilities, but is incorporated in the overall public health budget. The Ministry of Health budget for 2003 is €43 million (US$46.8 million), about the same as the budget for 2002, or about $25 per head of population.[83]

Legislation has been introduced in Kosovo, which provides all persons, including mine victims, who sustained injuries between November 1998 and 12 June 1999, with a small monthly stipend. However, there is no provision in the legislation for casualties after this date. Efforts are underway to amend the legislation to include post-conflict victims. An amendment has been drafted but no budget is available for its implementation. Social assistance for civilian victims of the conflict ranges between €34 and €63 (approx. US$37-$68) per month depending on the degree of incapacity, but is only available to those unable to work. The Ministry of Labour and Social Welfare requested €120 million (US$130 million) for pensions and social support in 2003; however, only €82.6 million (US$90 million) was made available. Under the new schedule pensions for civilian victims of the war was to increase to between €50 and €63 (approx. US$54-$68) per month. War veterans are entitled to €76 (US$83) per month.[84]

The Law on Social Assistance provides support to disadvantaged families. About 51,000 families, or 190,000 people, are receiving social assistance in Kosovo. Pensions are in the range of €34 and €62 (approx. US$37-$67) per month. Recent mine survivors can receive this pension if no members of their family are employed.[85]

The Ministry of Labour and Social Welfare is reportedly committed to working to resolve some of the problems faced by mine survivors and other persons with disabilities but lack experience in this field, and resources.[86]

HandiKos was instrumental in establishing the Disability Council, which includes representatives from the Ministries of Health, Labour and Social Welfare, and Education, as well as HandiKos, Handicap International, and donor bodies. There is also a Disability Adviser within the Prime Minister's Cabinet.[87]

In December 2001, the Disability Council presented its final draft of the Comprehensive Disability Policy Framework to the Office of Disability Issues which includes guidelines on public education and awareness raising, prevention of disability, health care, community based rehabilitation, barrier free access, transport, education, employment and economic empowerment, access to goods, facilities and services, participation in public life, human resource and skills development, social welfare, social security, housing, cultural and creative activities, sport and youth, and statistics.[88] The document has the status of a green paper and has been well received, but is not yet passed into law.[89]

Coordination and Planning

After the crisis, Handicap International devised a Master Plan for the rehabilitation sector, which was validated by the WHO. The Plan resulted in the creation of the Physical

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[82] World Bank, "Kosovo Poverty Assessment," Volume 1, October 1 2001 (draft), p. 42.
[83] Interview with Dr Ismail Blakaj, Officer for Physical Medicine and Rehabilitation, Ministry of Health, Environment and Spatial Planning, Priština, 23 April 2003.
[84] Interview with Nuhi Ismaili, Ministry of Labour and Social Welfare, Priština, 25 April 2003.
[85] Ibid.
[86] Ibid.
[87] Interview with Dr. Nexhat Shatri, Handicap International, Priština, 28 January 2003.
[88] Disability Task Force, "Comprehensive Disability Policy Framework," 3 December 2001, pp. 11–27.
[89] Interview with Dr. Nexhat Shatri, Handicap International, Priština, 28 January 2003.

Medicine and Rehabilitation section within the Ministry of Health. In 2002, the Ministry of Health appointed an officer for physical medicine and rehabilitation, who is working with Handicap International, to strengthen the rehabilitation sector. Handicap International is now focusing on building capacity in the health system and acting as an advisor to the Ministry of Health.[90]

According to Halit Ferizi, Director of HandiKos, the disability issue should be a component of the development strategy for Kosovo.[91]

Key Challenges in Providing Adequate Assistance in Kosovo

- Facilitating access to appropriate health care and rehabilitation facilities
- Affordability of appropriate health care and rehabilitation
- Improving and upgrading facilities for rehabilitation and psycho-social support
- Creating opportunities for employment and income generation
- Capacity building and on-going training of health care practitioners, including doctors, nurses, physiotherapists and orthopedic technicians
- Raising awareness on the rights and needs of persons with disabilities
- Establishing an effective social welfare system and legislation to protect the rights of persons with disabilities
- Obtaining sufficient funding to support programs and coordination of donor support
- Supporting local NGOs and agencies to ensure sustainability of programs

[90] Interview with Dr Ismail Blakaj, Officer for Physical Medicine and Rehabilitation, Ministry of Health, Environment and Spatial Planning, Priština, 23 April 2003; and interview with Dr Pascal Granier, Coordinator and Dr Iliriana Dallku, Program Assistant, Physical Medicine and Rehabilitation Program, Handicap International, Priština, 22 April 2003.

[91] "Grand Opening of the Resource Centre for People with Disabilities," available at www.worldvision.org (accessed 28 August 2003).

REPUBLIC OF SLOVENIA

Background

Slovenia was the first republic of the Socialist Federal Republic of Yugoslav (SFRY) to hold free elections to end 45 years of communist rule in 1990. In December of that year the electorate voted overwhelmingly (90 percent) in favor of independence. On 25 June 1991, Slovenia withdrew from the SFRY. After a 10-day war the Yugoslav government agreed to a truce brokered by the European Community. On 15 January 1992, the EC formally recognized the country, and Slovenia was admitted to the United Nations in May 1992.

Slovenia is not mine-affected and it is not known if there are any mine survivors among the refugee population.

Slovenia has a well-developed health care infrastructure and a detailed analysis of facilities was not undertaken for this study. However, it is appropriate to briefly report on the facilities that Slovenia has made available to promote the care and rehabilitation of mine survivors from the region.

Physical Rehabilitation

Since 1998, the International Trust Fund for Demining and Mine Victims Assistance (ITF) has facilitated 600 mine survivors from the region being fitted with prostheses and rehabilitated at the Institute for Rehabilitation of Republic of Slovenia in Ljubljana: 52 from Albania, 501 from Bosnia and Herzegovina, 40 from Kosovo, and seven from FYR Macedonia.[1] Potential beneficiaries are selected for the program after a doctor and prosthetist from the Institute carry out assessments during field visits.

The Institute for Rehabilitation is affiliated to the University of Ljubljana and provides specialized services to all persons with disabilities in the fields of physical medicine and rehabilitation, vocational rehabilitation, production of prosthetic, orthotic and technical aids, the supply of pharmaceutical products, rehabilitation aids and orthopedic devices, research and development, and education. The Institute employs 458 people including 27

[1] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.

doctors (most of them specialized in rehabilitation medicine), 37 physiotherapists, 22 occupational therapists, 15 prosthetists/orthotists, 9 psychologists, 8 social workers, 6 speech therapists, and 72 nurses. It treats about 11,000 patients a year including 1,800 in-patients in 200 beds. A special 10-bed ward has been allocated for the care and rehabilitation of landmine survivors who come to the Institute.[2]

The Institute has the capacity to produce all types of prosthetics devices including upper and lower limbs and eyes.

Capacity Building

Since 1998, 278 specialists, supported by the ITF, have completed their rehabilitation training in Ljubljana: seven from Albania, 268 from Bosnia and Herzegovina, two from Kosovo and one from FYR Macedonia. Three specialists from BiH have successfully completed their training in prosthetics and orthotics. Seven students are currently enrolled in the prosthetics and orthotics course at the College of Health Studies at the University of Ljubljana: four from BiH, one from Croatia, one from Kosovo, and one from FYR Macedonia.[3]

The educational component of work of the Institute for Rehabilitation includes:

- regular clinic training for students from the University of Ljubljana's College of Health Studies and Medical faculty;
- postgraduate training of doctors specializing in physical medicine and rehabilitation, prosthetics, orthotics and occupational medicine;
- graduate and postgraduate education of local and foreign experts in physical medicine and rehabilitation, physiotherapy, occupational therapy, orthopedic technology, rehabilitation care, and other specially prepared programs; and
- international meetings of experts.

The College of Health Studies in Ljubljana offers 3 or 4-year courses for several paramedic professions including prosthetic and orthotic engineers (3 years), nurses, physiotherapists, and occupational therapists.

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[2] Interview with Dr Helena Burger, Institute for Rehabilitation of Republic of Slovenia, Ljubljana, 3 July 2002.

[3] International Trust Fund for Demining and Mine Victims Assistance, "Annual Report 2002," p. 23.