

Convention on the Prohibition of the Use, Stockpiling, Production
and Transfer of Anti-Personnel Mines and on Their Destruction

STANDING COMMITTEE ON VICTIM ASSISTANCE AND
SOCIO-ECONOMIC REINTEGRATION

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Mine Victim Rehabilitation in Serbia and Montenegro



Ministry of Foreign Affairs of Serbia and Montenegro

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Mine Victim Rehabilitation in Serbia and Montenegro

I.1 Introduction

- **Serbia & Montenegro adopted a law in June 2003 ratifying the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction**
- **The Convention is now an integral part of the legislation of Serbia & Montenegro**
- **Even before ratification, initiatives were launched to abide by most of its provisions, e.g.:**
 - **Destruction of all military and police stockpiles**
 - **Assisting civilian landmine victims and their families**

I.2 Victims (1992-2000)

- The greatest number of victims are among persons more recently displaced from Kosovo & Metohija, and refugees from earlier hostilities in Bosnia & Hercegovina.
- The widespread use of anti-personnel mines in civilian areas was non-existent in former Yugoslavia. No organized response to injuries was therefore in place at the outcome of hostilities, and injuries were dealt with as best as possible locally, within the existing civilian health care system.
- Consequently, consolidating data remains a great challenge.
- The best approximations for the period of 1992-2000:
 - Total number of landmine victims: 1500, of which 50 were killed
 - Affected areas: southern Serbia (Bujanovac, Preševo & Medveđa)
 - Also affected by UXOs: vicinity of large cities & Sava River basin

II.1 Emergency and Continuing Medical Care

1. Current situation with respect to services and facilities required to meet the needs of landmine survivors

- Due to the proximity of areas affected, the brunt of the intake of landmine injuries for emergency and initial treatment was taken by medical centers in the southern Serbian cities of Vranje, Leskovac, Prokuplje and Kuršumlija, and other border towns.
- Serious cases were treated in civilian hospitals in Niš, Novi Sad and Belgrade, the Military Medical Academy in Belgrade, as well as most rehabilitation centers and spas.
- This endeavor was carried out in desperate conditions. The entire health care system was greatly undermined in the economic collapse brought about by the international isolation and economic sanctions imposed on the country in the wake of hostilities and the disintegration of the former Yugoslavia.

II.1 Emergency and Continuing Medical Care

2. What we desire the situation to be

- **Reformed health care service, with improved emergency facilities — particularly for landmine victims**
- **More expert and technical staff**
- **More medical equipment, supplies and treatment aids**
- **Improved education and training of medical staff**
- **Formation of mobile teams of professionals for on-the-spot assessments, data consolidation and victim support**

II.1 Emergency and Continuing Medical Care

3. Our plan to achieve the desired goals

- **Support government health care reforms**
- **Streamline resource management and work methods**
- **Improve existing educational and training programs for health professionals in the treatment of landmine victims**
- **Partake in exchange programs to share experiences**
- **Seek both domestic and outside financial assistance and support**

II.1 Emergency and Continuing Medical Care

4. Our priorities for outside assistance

- **Financial assistance in implementing data collection, registration, physical and mental health assessment, counseling services**
- **Vehicles and electronic and other equipment for mobile professional teams**

II.2 Physical Rehabilitation / Prosthetics

1. Current situation with respect to services and facilities required to meet the needs of landmine survivors

- **Victims are treated in specialized institutions, where modern rehabilitation principles are applied in stages:**
 - Pre-prosthetic rehabilitation
 - Physical therapy
 - Bio-mechanical adjustment of prostheses
 - Walking school with temporary and permanent prostheses
- **Prosthetic teams consist of the following:**

□ Physical medicine and rehabilitation specialist	□ Orthotician
□ Nurse	□ Psychologist
□ Physical therapist	□ Logopedician
□ Work therapist	□ Social worker
□ Prosthetician	
- **No database available on present state of prostheses with respect of functionality and quality**

II.2 Physical Rehabilitation / Prosthetics

2. What we desire the situation to be

- **Comprehensive database**
- **Improvement of supplies of special materials (e.g. thermal plastics) and parts for uninterrupted production of prostheses**
- **Education of professional staff with a view to introduce new technologies and materials**

II.2 Physical Rehabilitation / Prosthetics

3. Our plan to achieve the desired goals

- **Collection of data at national level**
- **Education of entire staff in all institutions dealing with landmine victim treatment and rehabilitation, through study-visits, exchange programs, etc.**

II.2 Physical Rehabilitation / Prosthetics

4. Our priorities for outside assistance

- **Funding and equipment for national database**
- **Contribution of quality prosthetic materials, parts and equipment, and/or complete prostheses as specified by professionals**
- **Improvements and refurbishment of spa and rehabilitation facilities to cater for landmine victims**

II.3 Psychological and Social Support

1. Current situation with respect to services and facilities required to meet the needs of landmine survivors

- **No comprehensive database has been as yet compiled in the field of psychological and psychiatric aspects of landmine trauma**
- **No targeted education of health professionals concerning posttraumatic stress disorder (PTSD) among landmine victims.**

II.3 Psychological and Social Support

2. What we desire the situation to be

- Forming of comprehensive database on psychological and psychiatric aspects of landmine trauma
- Education of all professionals involved in the care of landmine victims
- Community-based medical, legal and social counselling and support
- Peer support associations
- Family support services
- Sports, recreational, cultural and other activities

II.3 Psychological and Social Support

3. Our plan to achieve the desired goals

Identifying psychological and psychiatric aspects of landmine trauma:

- Collection and analysis of data from institutions where landmine victims were treated since 1991, and identifying the most frequent disorders (neuroses, depression, substance abuse, psychoses, PTSD, etc.)
- Collection and analysis of data from other sources (general hospitals, municipal and community health care centers, private practices, non-governmental organizations, etc.)
- Establishing treatment facilities and staff for this target group at the community level
- Creation of mobile professional teams for home visits
- Improving the quality of life through employment and social reintegration

II.3 Psychological and Social Support

4. Our priorities for outside assistance

- **Funding for the establishment of up to 5 regional centers for:**
 - Data collection and processing
 - Individual and family psychological and social support
 - Sport, recreation, cultural, and other activities
 - Relevant education and training

II.4 Economic Reintegration

1. Current situation with respect to services and facilities required to meet the needs of landmine survivors

- **No relevant data available on economic status of landmine victims**
- **No relevant data on work capabilities, qualifications and skills**
- **Inadequate overview of potential job opportunities (adapted workplaces)**

II.4 Economic Reintegration

2. What we desire the situation to be

- **For all victims to enjoy adequate employment with respect to their qualifications, skills and capabilities**
- **Income-generation, vocational retraining, job placement, etc.**

II.4 Economic Reintegration

3. Our plan to achieve the desired goals

- **To assess work qualifications and skills, and find matching employment opportunities**
- **To seek local resources to fund and support the creation of jobs in cottage industries, small businesses, etc.**

II.4 Economic Reintegration

4. Our priorities for outside assistance

- **Technical and financial assistance for carrying out detailed assessments of qualifications, skills and capabilities of landmine victims, and for the screening of job markets**
- **Establishing and maintaining related databases**
- **Assistance for vocational training**
- **Funding for small business loans**

III Conclusions

1. Current situation with respect to services and facilities required to meet the needs of landmine survivors

In discussing all the above four areas of victim assistance, the following findings are prevalent:

- **Lack of databases on prosthetics and psycho-social aspects of landmine victims at the national level**
- **Lack of integrated bio-psycho-social approach in treatment and rehabilitation at national level**
- **Lack of education and training for the various professionals involved in treatment and rehabilitation programs**
- **Lack of programs for social reintegration**
- **Lack of income generating projects**

III Conclusions

2. What we desire the situation to be

- **Creating and implementing programs aimed at improving the quality of life of victims and families, through employment, social integration, humanization and destigmatization**

III Conclusions

3. Our plan to achieve the desired goals

- **Support and partake in health reform**
- **Creation of a body of professionals responsible for landmine victim programs**
- **Establishing of national database on landmine victims**
- **Establishing community based support / counseling centers for medical, legal, social, and other matters**
- **Devise public awareness campaigns**

III Conclusions

4. Our priorities for outside assistance

- **Funding and equipment for relevant databases**
- **Funding and equipment for up to 5 regional support / counseling centers**
- **Creation of mobile teams of professionals for field work**
- **Funding for job placement and social reintegration programs**
- **Specific education and training for professional staff, the public, and landmine victims and families**

Budget Review

Budget expenditure, in Euro	2004	2005	2006
National staff and databases (prosthetic and psycho-social aspects)	30 000	30 000	30 000
Capital Costs (equipment, mobile teams, psycho-social assessment database, reintegration, forming 5 regional support centres for medical, social, legal and other matters)	170 000	170 000	170 000
Operational Costs (training income generation destigmatization, public awareness campaigns and improving quality of life)	100 000	100 000	100 000
Total	300 000	300 000	300 000

IV References

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- S. Eremić., I. Dimitrijević, M. Teofilovski: Medical and Psycho-Social Rehabilitation of Anti-Personnel Landmines, Yugoslav Campaign Against Anti-Personnel Mines, Belgrade 2001

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