

**Standing Committee on Victim Assistance and Socio-Economic  
Reintegration (SC-VA)**

**PRELIMINARY FINDINGS OF THE ITF STUDY ON  
LANDMINE VICTIM ASSISTANCE IN THE BALKANS**

**Presented by**

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In December last year Handicap International Belgium, in cooperation with the Landmine Monitor research network, began a research project on behalf of the Reay Group, which is funded through the International Trust Fund for Demining and Mine Victims Assistance (ITF) by Canada and the US State Department. The study is intended to provide the ITF, government authorities, donors, and service providers, with a clearer picture of the state of victim assistance in the Balkans. For example, how many landmine survivors have been reported in the region? What facilities are available? Is the training of health care providers adequate? What is working? Where are the gaps? Can experiences and skills be shared in the region? While the focus of the study is on landmine victims, we looked at facilities and services provided by both government and non government agencies that assist not only mine victims but the population generally, including other persons with disabilities.

The final report of the study is due at the end of August but today I will talk briefly about some of the preliminary observations from the field research. Because of the limited time available today I will be making generalisations that apply across

the region but it is important to note that each country is at a different stage in their post-conflict development and some of the problems highlighted could be more critical in one country than another.

New victims continue to be reported in Albania, Bosnia-Herzegovina, Croatia, Kosovo, Macedonia, and Serbia and Montenegro, adding to the number of mine survivors in the region requiring assistance. A mechanism for collecting data on mine casualties has been implemented in each country.

	<b>LANDMINE SURVIVORS</b>
<b>ALBANIA</b>	at least 216 mine/UXO survivors
<b>BOSNIA-HERZEGOVINA</b>	at least 3,865 mine/UXO survivors
<b>CROATIA</b>	at least 1,387 mine/UXO survivors
<b>MACEDONIA</b>	at least 172 mine/UXO survivors
<b>SERBIA AND MONTENEGRO</b>	at least 33 mine/UXO survivors plus an unknown number of mine survivors within the refugee population
<b>KOSOVO</b>	at least 373 mine/UXO survivors

#### **EMERGENCY AND CONTINUING MEDICAL CARE**

In the past, the countries of the former Yugoslavia reportedly had well-developed medical infrastructures. However, years of armed conflict, sanctions and difficult socio-economic conditions have impacted on the quality of care available. For example, in Bosnia-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 the general public health budget. It is an unfortunate fact that in countries with limited public health resources available funds tend to be directed towards child and maternal health with little left over for the specialised care of other sectors of the community.

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 available 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 Kukes 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 AND PROSTHETICS**

Bosnia-Herzegovina, Croatia, Macedonia, and Serbia and Montenegro, reportedly have well-developed facilities for physical rehabilitation with networks of rehabilitation centres 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 recognised qualifications. In Albania, none of the six technicians at the National Prosthetic Centre has internationally recognised 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 a lack of occupational therapists and psychologists to work with people with disabilities, including mine survivors. It should be noted that generally doctors of physical medicine and rehabilitation appear to have high levels of experience and expertise.

Progress is reported, however, in the area training of rehabilitation specialists. Since 1998, the ITF has facilitated the rehabilitation training of 278 health care specialists from the region in Slovenia. In other programs, in Kosovo for example, prosthetic technicians are being trained on-the-job and some are receiving advanced training abroad. In Bosnia, the Ministry of Health is co-operating with the Centre 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 currently, there are only 24 physiotherapists trained to international standards to serve a population of 2 million people. A new 3-year degree course in physiotherapy began at the University of Prishtina in September 2002 which will contribute to alleviating the shortage of physiotherapists.

A concern expressed in all countries in the region is the high cost of prostheses and assistive devices. In Albania the orthopaedic workshop is dependant on the ICRC for the supply of raw materials for the production of prostheses. In Kosovo, Handicap International provides the materials to the centre. 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 kilometres from the mine-affected areas, it takes more than 5 hours to travel this distance by road, which makes access difficult for mine survivors.

Since 1998, 600 mine survivors from Albania, Bosnia-Herzegovina, Kosovo, and 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 Germany and the United States of America. Several rehabilitation service providers interviewed were critical of 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 to mine-affected countries was not an appropriate form of assistance.

## **SOCIAL 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 persons with disabilities, including mine survivors. It would appear

that there are very few opportunities for mine survivors to receive vocational training or access employment.

I believe this 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.

Time does not permit a discussion on the apparent lack of psycho-social support but more attention is needed in this area. It would appear that generally donors have lost interest in the region and some programs that could have assisted mine survivors have closed due to the absence of funding.

## **LEGISLATION AND NATIONAL PLANNING**

Research is on-going into legislation and national planning in the countries covered by the study. Each country has legislation to protect the rights of persons with disabilities, including mine survivors, and to provide social assistance in the form of pensions. However, due to the economic situation in most countries it would appear that there are insufficient resources to fully implement the provisions of the legislation.

As regards national planning there is some form of planning underway in each country either specifically relating to mine victim assistance or to assistance to the disabled generally. More details on these plans will be available in the final report.

As has been mentioned many times in this Standing Committee, the ultimate goal of victim assistance should be the individuals' complete rehabilitation, and their reintegration into the wider community. In the Balkans, as in all mine-affected countries, this goal cannot be achieved without adequate 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 the Balkans. Although this is commendable, 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%, to 6.4% in 2000, 5.4% in 2001 and to a new low of 4.4% 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 Balkans region if the target of 15 percent was consistently achieved.

To conclude, while some progress is being made in the Balkans, there is still much work to be done to ensure that the growing number of mine survivors receive adequate and appropriate assistance. At a workshop on mine victim assistance hosted by the ITF in July 2002, key recommendations included:

- Building local and national capabilities while focusing on sustainability;
- Training of local health care professionals to international standards;
- Developing national strategic plans and policies appropriate to local needs; and
- Promoting communication among all actors involved in mine victim assistance: these actors include the relevant government ministries, non-government organisations, international agencies, and most importantly the landmine survivors themselves.

The preliminary observations of this study would indicate that these recommendations remain relevant as a suitable way forward. This, together with the sustained commitment of all actors – the relevant government ministries, service providers, non governmental organisations, and the donor community – is essential to ensure that the assistance available to mine victims is adequate to meet their needs.