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**AND ASSISTANCE IN ACCORDANCE WITH ARTICLE 6**

**Victim Assistance and Socio-Economic Reintegration**

**LANDMINE VICTIM ASSISTANCE**  
**IN SOUTH EAST EUROPE**

Presented by

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In December 2002, Handicap International Belgium, in cooperation with the Landmine Monitor research network, began a study in South East Europe to ascertain whether facilities and services were accessible, and had the capacity, to comprehensively address the needs of landmine victims in the region. Funding to conduct the study was provided by Canada and the US State Department through the International Trust Fund for Demining and Mine Victims Assistance (ITF).

While the focus was on landmine victims, the study looked at facilities and services provided by both government and non government agencies that assisted not only mine casualties but all persons with disabilities. Mine survivors and other individuals with a disability were also consulted.

Through country-specific research in Albania, Bosnia and Herzegovina, Croatia, the Former Yugoslav Republic of Macedonia, and Serbia and Montenegro and the province of Kosovo, existing victim assistance capacities were documented. The Study focused on the key components of landmine victim assistance and priority

issues as identified by 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

To keep this presentation brief, I will only make generalisations from the detailed information available in the study. However, 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. It can also be said that the problems experienced in this region are not dissimilar to those of other mine-affected countries struggling to meet the needs of mine survivors within their populations.

New mine casualties continue to be reported across the region. Although a mechanism for mine casualty data collection has been implemented in each country, the exact number of people killed or injured, and the number of mine survivors in the refugee population, is not known. However, based on available data, it is known that landmine survivors number in the thousands.

**Reported Mine/UXO Casualties**

	<b>Total</b>	<b>Killed</b>	<b>Survivors</b>	<b>Unknown</b>
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	
<b>Total</b>	<b>7,724</b>	<b>1,527</b>	<b>6,081</b>	<b>116</b>

In the past, most countries 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. At the governmental level, the provision of health care facilities for 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.

However, it is encouraging to note that some form of coordination and planning is underway in each country in study, either specifically related to mine victims or as part of a wider strategy on health care or disability issues. While progress is being made in the Region, there is still much work to be done. Several key issues were identified that limit the provision of adequate and appropriate assistance for the growing number of mine survivors in the region.

- **Access to appropriate and affordable health care and rehabilitation facilities.** Many mine survivors must travel long distances to reach health care or rehabilitation facilities. Another concern expressed was that because of high levels of poverty in the region, mine survivors often do not have the resources to travel to the hospital, to buy medicines, or to cover the cost of prostheses.
- **Improving and upgrading health and rehabilitation facilities.** Although much progress has been made in this area, many facilities continue to need renovation and refurbishment. The most common concern raised was the lack of resources available to obtain equipment and supplies, or to repair the physical infrastructure. In some areas, hospitals still do not have electricity for 24 hours a day or equipment for trauma patients.
- **Creating opportunities for economic reintegration.** Many mine survivors regard the lack of opportunities for economic reintegration as their main concern. Nevertheless, there appears to be little progress in the area of vocational training,

the creation of employment opportunities, or income generation projects, probably due to high unemployment rates in the general population.

- **Capacity building and training of health care professionals.** Many facilities lack prosthetic technicians and physiotherapists, and others, trained to international standards. Though some progress is being made in the training of rehabilitation specialists, more needs to be done. Quality of care and sustainability of services is more likely to be achieved with well-trained practitioners. Capacity building within local NGOs providing psycho-social support would also have a positive impact on the services provided.
- **Establishing effective social welfare systems and legislation to protect the rights of all persons with disabilities, including mine victims.** Although legislation to protect the rights of persons with disabilities exists in each country, it would appear that there are insufficient resources to fully implement the provisions of the legislation due to the economic situation. Pensions are reportedly inadequate to maintain a reasonable standard of living.
- **Sufficient resources to support facilities and programs.** Many donors appear to have lost interest in the region and some programs that could have assisted mine survivors have closed due to the absence of funding. According to the ITF 2002 annual report, “Mine Victim Assistance programs are still grossly underfunded.” Since 1998, the ITF has provided over \$5 million for victim assistance programs in South East Europe. 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 percent to a new low of 4.4 percent in 2002.

and finally,

- **Raise awareness on the rights and needs of persons with disabilities.** More attention should be given to raising awareness at both the governmental and community level on the rights and needs of people with a disability, in an effort to reduce the barriers faced in their social and economic reintegration.

Landmine survivors are not a group separate from other war victims or persons with disabilities, and assistance programs should be developed within the framework of disability in general. 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.

The information obtained for the study was as comprehensive as possible; however, it is not exhaustive and additional information would be welcomed. The study should be viewed as a starting point that will 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. Adequate and appropriate assistance will benefit not only mine survivors but all persons with disability in the region.