Victim Assistance in Bosnia and Herzegovina: then and now

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Key Developments (LM 2002):
A new demining law was approved in February 2002. Donors provided $16.6 million in mine action funding in 2001. Demining operations cleared 5.5 to 6 million square meters of land in 2001, and 73.5 million square meters of land were surveyed. A national Landmine Impact Survey is expected to start in November 2002. There were 87 mine and UXO casualties in 2001, a reduction from 2000.

Indicator 1: The extent to which information on mine victims’ demographics and needs is available.

According to original study:
LM 1999 reports an estimated 7,000 amputees in Bosnia (4,500-5,000 in the Federation and 2,000-2,500 in Republika Srpska). BHMAC currently operates a mine incident registry with data collected largely by the ICRC. LM 2000 reports that as of March 2000, the ICRC database contained 4,313 mine victims (those injured or killed by landmines), and that there has been a progressive decrease in the number of mine victims: a high of sixty-nine mine victims per month was reached in 1994, which has decreased to a monthly average of eight in 1999. Landmine Survivors Network (LSN) and Jesuit Refugee Service (JRS) have collected detailed information on mine victims. LSN has over 600 in-depth interviews with landmine survivors in its database and JRS has case files on over 200 victims of landmines. The WHO/ICRC Strategic Framework for Planning Integrated Mine Victim Assistance Programmes being established in Bosnia, includes the development of a system for the monitoring and surveillance of mine injuries.

According to LM 2002:
In 2001, reported landmine/UXO explosions killed 32 people and injured 55 others, including 12 children, representing a decrease from the 100 new casualties reported in 2000. Of the new casualties, 84 were civilians. On 2 April 2001, a landmine explosion near the southwestern town of Prozor killed a French soldier serving with SFOR in Bosnia and Herzegovina, during a reconnaissance operation. Landmines and UXO continued to claim casualties in 2002, with 15 civilians killed and 19 injured up to 10 May 2002.

The ICRC, working at the community level throughout the country, continues to collect data and provide up-to-date information on landmine and UXO incidents. As of 10 May 2002, the ICRC database contained information on 4,733 individuals killed or injured by landmines or UXO. The database is continuously updated from field reports, and in some instances information is collected on casualties that occurred in prior years that were not previously recorded. Based on the ICRC statistics, between 1996 and 2002 the mine incident rate fell from an average of 52 casualties per month to just over seven casualties per month.

The statistics indicate that local residents of mine-affected areas, rather than internally displaced persons or returning refugees, continue to record the highest number of incidents, and rural males aged 20-40 years are most likely to fall victim to mines, as they practice high-risk behavior. 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. Of the casualties reported in 2001, 35.6 percent had knowledge of the danger of mines.

Seasonal variations indicate that the highest risk for the population is March to May, July and August, which are the months of peak agricultural activity. The majority of casualties were injured while farming (rural males), incurring the risk pursuing activities out of economic need.
The ICRC’s ongoing data collection also indicates that children, despite preventive measures, continue to fall victim to landmines and UXO in BiH. Children under the age of 18 accounted for 13.8 percent of new casualties reported in 2001.

<table>
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<tr>
<th>Year</th>
<th>No. of casualties</th>
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<td>1996</td>
<td>632</td>
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<td>1997</td>
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<td>2001</td>
<td>87</td>
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<td>2002 (to 10 May)</td>
<td>34</td>
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<td>Post-war total</td>
<td>1,387</td>
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<td>TOTAL</td>
<td>4,733</td>
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Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:
An inter-ministerial coordination mechanism, which includes the participation of national NGOs, was established in November 1999 with WHO support to coordinate a Strategic Framework for Planning Integrated Mine Victim Assistance Programmes in Bosnia.

According to LM 2002:
The government of BiH, and the international community, continue to work towards alleviating the medical and socio-economic obstacles faced by landmine survivors, nevertheless, no overall coordination exists. In general, mine survivors continue to be neglected and their needs and problems are not tackled in a systematic way. The existing assistance programs are conducted in isolation, and coordination occurs only on a bilateral basis, which does not always avoid duplication of efforts.

As reported last year, the Strategic Framework for survivor assistance was intended to have political and technical/operational levels. However, by February 2002 no progress had been made on implementing the plan and no reasons have been given for this lack of progress. The ICRC and NGOs are not involved in the process of implementing the Strategic Framework.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:
LSN Rehabilitation Database reports that between 35-50% of the countries medical facilities were damaged during the recent war and that medical staff has been significantly reduced, and that these shortages have resulted in a lack of services for disabled persons. Bosnia and Herzegovina has 27 hospitals capable of performing amputations (12 hospitals in the Federation and 15 in Republika Srpska), 14 prosthetic centers (9 in the Federation and 5 in the Republika Srpska) and 38 rehabilitation centres offering physical therapy in the Federation. In a joint project with the Ministry of Health, the World Bank supports the main reform in the health sector for all persons with disabilities by the decentralization of the health system. This is done through six prosthetic and orthotic centers, seven hospitals which provide orthopedic and reconstructive surgery and also through 38 community based rehabilitation centers. While there are varying levels of subsidies and insurance available, the cost of artificial limbs and rehabilitation services remain prohibitive for some landmine survivors.

According to LM 2002:
There are more than 20 general hospitals in BiH, and every municipality has a public health center. CBR centers provide some physical and psychological rehabilitation. A few hospitals and public health centers also provide some physical therapy and rehabilitation. In addition, six rehabilitation centers in BiH, offer special hydrotherapy treatment for persons with disabilities. State-run social welfare centers are located in each
Under the War Victims Rehabilitation Project, the World Bank supported the opening of the community based rehabilitation 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, training and technical assistance for physiotherapy, occupational therapy, and psycho-social rehabilitation. There are 38 CBR centers in FBiH, and six centers in RS. Queen’s University provided training for staff in the centers. The Japanese Government donated US$8 million worth of equipment to the RS Ministry of Health to facilitate the opening of 17 more CBRs in the RS in the near future. The preconditions set are that the centers must have “a minimum of 200m² space, one doctor-specialist in physiotherapy, two nurses, two physiotherapists/technicians, a sufficient number of potential patients, and a financial calculation for self-sustainability.”

In BiH, there are 15 prosthetic centers, distributed across the Federation and Republika Srpska, where landmine amputees can receive assistance. The average distance between amputees and a limb-fitting center is 100-150 kilometers. Since 2001, all the centers use imported prostheses components of very good quality from Otto Bock, one of the leading producers of orthopedic material in the world. The company has an office in Sarajevo, and according to LSN, about 60 percent of amputees are satisfied with the quality of their prosthesis. Only one workshop in Ilidza is producing wheelchairs. Crutches and special pressure-support pillows have to be imported from abroad.

The War Victims Rehabilitation Project also included a component for the supply, production and maintenance of quality prostheses and orthoses. However, one of the centers supported by the project, the Tuzla Prosthetics Centre, has now stopped production. Nevertheless, a study conducted in July and August 2001 suggested that with adequate resources, good quality prostheses can be fitted by competent prosthetists in a reasonable period of time.

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:
LSN Rehabilitation Database reports that many government social institutions in Bosnia and Herzegovina were damaged during the war and currently are in very poor condition. Many local and international non-governmental organizations that offer psychosocial support within their programs are handing over responsibility for social welfare to the government. LSN and other international organizations provide vocational training, support for recreation and income-generating activities. Several organizations are involved in Community-Based Rehabilitation (CBR) programs being established in regions throughout Bosnia and Herzegovina to assist with the social reintegration of mine victims and other persons with disabilities in their communities.

LSN reports that unemployment is high in B-H, particularly amongst disabled persons, and that state disability pensions are often inadequate and there are no training programs for disabled civilians. Civilian and military social coverage pensions are based on assessment of the injury, conducted by an expert commission of specialists following extensive medical tests. Civilians who worked prior to injury receive a regular pension based on their past salary in addition to the social coverage pension. Those civilians who did not work prior to injury receive only a social coverage pension. Pensions for disabled civilians are low and paid on an irregular basis, especially compared to disabled military personnel. This leaves civilian survivors with little financial support to cover basic living needs such as food, clothing and utility costs. Disabled military personnel receive both a work pension and a social coverage pension based on the extent of injury.

LSN reports that only a few international organizations provide economic assistance to the disabled. They include OXFAM, Catholic Relief Services, Austrian Red Cross, Jesuit Refugee Services and Landmine Survivors Network. Economic assistance is allocated towards the purchase of prostheses, to meet basic needs and as financial support for small businesses run by disabled individuals or organizations for the disabled.

According to LM 2002:
The ITF provided US$656,850 for mine victim assistance in BiH in 2001. This represents about 2.3 percent of the total ITF funding for 2001. Donors included Austria, Canada, Denmark, Luxembourg, Slovenia, and the US. During the year, 44 mine survivors from BiH were treated at the Slovenian Rehabilitation Institute. The ITF also
organized rehabilitation holidays, in June 2001, for 15 child mine survivors from BiH, at the Youth Health
Resort at Debelirtic on the Slovenian coast.108

Five international organizations continue to provide specific assistance to mine survivors in BiH: the ICRC,
International Rescue Committee (IRC), Jesuit Refugee Service (JRS), Landmine Survivors Network (LSN) and
Queen’s University.

The ICRC provides assistance through the Red Cross network in BiH. Information collected on mine/UXO
casualties is often used by potential donors and project implementers to make direct connections with qualified
mine survivors to run their projects in a region.109

In mid-2001, a donation from the Japanese Red Cross enabled assistance to be given to mine survivors with the
greatest need in RS. The precise needs of the mine survivors were identified by mine awareness instructors and
assistance provided through the Red Cross network. Twenty-eight people benefited from this ad hoc assistance
that helped them to be more self-sufficient; for example, assistance included house repairs, provision of farm
animals, five amputees received prostheses, and 1,400 socks for stump protection were distributed.110

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 in
BiH.111

The JRS in BiH is running two programs: a mine survivors assistance program for children, and another
program for elderly mine survivors. The program for children provides medical assistance, rehabilitation,
material, psychosocial and legal support. Based in Sarajevo, the program assists child mine survivors all over
BiH. In 2001, 173 children benefited from the program which included 916 home visits, 34 prostheses, and a
summer camp for 27 children. The program for elderly mine survivors, covers the Sarajevo canton, Middle
Bosnia, Una Sana and Banja Luka Region, assisted 32 people in 2001 by providing medicines, prostheses and
rehabilitation assistance. The programs are funded by RENOVABIS (Germany), CORDAID and JRS.112

There are no State-run programs for vocational rehabilitation; such programs are implemented through NGOs
working with persons with disabilities. The International Rescue Committee (IRC) runs a vocational training
program in Banja Luka, and organizes seminars for mine survivors. In Mostar, the IRC is assisting mine
survivors with prostheses, supporting sporting programs for persons with disabilities, and the running of small
businesses.113

In 2001, LSN continued its work with community-based outreach workers, who are also amputees, to assist
individual survivors. The program, which works in 11 different mine-affected regions in BiH, is expanding to
new areas next year. The program assesses survivors’ needs, offers psychological and social support, and
educates families about the effects of limb loss. LSN links individual survivors and their families to existing
services and tracks 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. LSN publishes a national directory of organizations used in linking survivors to rehabilitative
services in BiH. The directory is also available on the Internet.114 LSN works closely with survivors, and local
and international organizations to protect the human rights of all persons with disabilities, and to promote equal
access to community activities, education, employment and physical recreation, such as hosting annual sitting
volleyball and sitting basketball tournaments. In 2001, 1000 people received assistance, of which about 90
percent were mine survivors.115

Through the Ministry of Veterans Affairs, military mine survivors have the right of a free prosthesis every third
year, free health care and insurance, free treatment in special rehabilitation centers, and receive compensation
for their disability.116 However, civilian mine survivors must pay for their own health care or insurance, and
receive much lower, and more irregular, compensation for their injuries. Civilians must pay a part of the total
cost of their prosthesis which can cost between 3,000 and 5,000 KM ($2,381). In FBiH, civilians pay 15 percent
of the total cost, whereas in RS, it is 10 percent. In Una-Sana canton, prostheses are free for civilians, and in
Central Bosnia canton the price is fixed at 1,000 KM ($47). In Tuzla canton, civilian mine survivors must pay
100 percent of the total cost.117 The costs are prohibitive for many in a country where the average wage is $880
per year.118
Although detailed statistics are not available, it would appear that a significant number of survivors have been blinded by landmines. For example, 57 survivors are registered with the Banja Luka Association for the Blind. However, little is being done to address the needs of blind survivors. It has been reported that there are only two guide dogs in BiH.119

Sixty-one NGOs, including local associations, assist persons with disabilities in BiH.120 For example, in the FBiH, there are 18 sitting volley-ball clubs in two divisions (I – 10 clubs and II – eight clubs). In RS, there are six sitting volley-ball clubs competing in tournaments. In August 2001, BiH were European Champions in sitting volley-ball for men, for the second time. FBiH has seven men’s wheelchair basketball clubs and one women’s club and in RS, there are two men’s clubs. FBiH also has three athletic clubs for persons with disabilities and several small football clubs.121

According to the LSN database, around 200 mine/UXO survivors, out of 897, do not need any support (i.e., 22 percent are psychologically and physically well, and self sustainable). The other 78 percent of survivors registered in the database need continuous follow-up and support.122

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:
LM 2000 reports that there are three laws on the State level regulating the rights of disabled: a law on the rudiments of social protection of civilian war victims and protection of families with children; a law on pension and invalid insurance; and a law on health protection. Cantonal law covering the rights of landmine survivors is also being developed.

According to LM 2002:
Three State laws regulate the rights of persons with disabilities.123 In the 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. Only Tuzla canton, Bihac canton, and Central Bosnia canton have developed such laws. The reason for the delay is that State law considers that centers for social welfare should take care of persons with disabilities, including payment for having a disability. But the status and funding of these centers has not been clearly defined, with the result that disability pensions have not been paid for one or more years. In RS, which does not have the cantonal system, there is a delay of four months in paying disability pensions.124

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:
While the LSN Rehabilitation Database lists several Bosnian organizations with provide services to landmine survivors and other persons, it is unclear whether a national disability organization exists.

According to LM 2002:
LSN, and some mine survivors, are urging the centers for social welfare to do more with regard to supporting civilian mine survivors. However, the Centers claim that they have many categories of clients to take care of and too few resources to deal with them all.125

Endnotes:
88 Email to Landmine Monitor from Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, Sarajevo, 14 May 2002.
89 Ibid.
90 For example, in the Landmine Monitor Report 2001 reported casualties in 2000 were 32 killed and 60 injured. The ICRC database now registers 35 killed and 65 injured in 2000. Interview with Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, Sarajevo, 26 February 2002.
91 Email to Landmine Monitor from Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, Sarajevo, 14 May 2002.
Email to Landmine Monitor from Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, Sarajevo, 14 May 2002. Data is updated to 10 May 2002.

Information provided in confidence by several sources.


Telephone interview with Dr Goran Cerkez, Federation Ministry of Health, 4 February 2002.

Telephone interview with Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, Sarajevo, 6 March 2002.


Telephone interview with Dr Goran Cerkez, Federation Ministry of Health, 4 February 2002.


Email from Plamenko Priganica, Director of Landmine Survivors Network in BiH, 25 January 2002.


Ibid., p. 9.

Email to Landmine Monitor from Eva Veble, Head of Department for International Relations, ITF, 17 May 2002.


Email from Plamenko Priganica, Director of Landmine Survivors Network in BiH, 25 January 2002.

Interview with Vanja Bojinovic, ICRC Mine Awareness Coordinator for BiH, 26 February 2002.

Email from Pascal Cuttat, Head of ICRC in BiH, 7 February 2002 and meetings with Vanja Bojinovic, Mine Awareness Coordinator, ICRC, Sarajevo, 26 February 2002.

Interview with Przemek Miozga, Program Director, Jesuit Refugee Service, Sarajevo, 8 March 2002; and responses to Landmine Monitor Survivor Assistance Questionnaires, 22 February 2002.

Email from Plamenko Priganica, Director of Landmine Survivors Network in BiH, 25 January 2002.

www.lsndatabase.org.

Information from Landmine Monitor Survivor Assistance Questionnaire, completed by Plamenko Priganica, Director of Landmine Survivors Network in BiH, 11 March 2002.

Email from Plamenko Priganica, Director of Landmine Survivors Network in BiH, 25 January 2002.

Ibid.


Ibid., p. 11.


Email from Plamenko Priganica, Director of Landmine Survivors Network in BiH, 25 January 2002.

Ibid.

For details see Landmine Monitor Report 2000, p. 604.

Interview with Plamenko Priganica, LSN BiH Director, Tuzla, 24 March 2001.